# Harveian Lectures
ON THE
# MECHANICAL SYSTEM OF UTERINE PATHOLOGY.

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## LECTURE III.

GENTLEMEN,—I continue the analysis of uterine symptoms commenced in the last lecture.

*Amenorrhœa.*

In a few cases complete amenorrhœa is gradually produced by the compressing effects on the uterus of long-standing flexions. But the majority of cases of amenorrhœa have other causes.

*Sterility.*

Flexions of the uterus have very important effects in relation to sterility. For the most part, the observations made respecting the influence of compression of the internal os uteri in producing dysmenorrhœa apply here. Any circumstance producing imperviousness of the internal os uteri must necessarily induce sterility, and flexions are responsible for this result in very many cases. In this case the narrowed condition of the internal os obstructs the passage of fluid upwards. But the mere obstruction is not probably the sole cause of the sterility in very many cases. Another circumstance is to be taken into consideration—viz., the altered condition of the lining of the body of the uterus, which, as previously pointed out, is liable to be produced by retention of secretions within the uterine cavity. These retained secretions have doubtless a powerful influence in deranging the physiological process and damaging the products of conception. Further, an irritated altered mucous membrane, such as must be present in such cases, cannot offer a proper surface for the attachment and growth of the ovum, even supposing that the ovum has been impregnated and has descended into the uterine cavity.

*Abortions.*

A careful study of the phenomena of abortions, and of the behaviour of the uterus under such circumstances, has made me acquainted with many facts bearing on this subject.

I may, in the first place, state that, in my opinion, by far the most common cause of abortions is the existence of flexion of the uterus. This may seem a rather sweeping assertion to make, but facts enforce conviction. This opinion has been arrived at not by any means on *a priori* reasoning; I cannot claim to have arrived at the idea in this manner. The almost incessantly observed conjunction of the two elements—existence of a known flexion of the uterus and liability to abortion in the same individual—has led to this conclusion. There are undoubtedly other causes of abortion—syphilis, lead poison, accidents, falls, blows, mental emotions, &c. But, after all, cases referable to these heads collectively form a very small percentage of the number of cases of abortion actually observed.

The connexion between retroflexion of the uterus and liability to abortion is tolerably well recognised, the affection retroflexion being comparatively well known, and ready of detection. But it is not so well known, in the first place, that anteflexion is a rather common affection, or, in the second, that it is a common cause of abortion.

The proof of the truth of the statement that abortion is often due to uterine flexion is necessarily to be obtained only from careful clinical observations. Such observations are, however, easily made, and I am convinced that they only require to be made in order that the proofs may be obtained necessary to convince others as they have convinced me. Clinical histories, such as the following, constitute important evidence. In a case of known anteflexion, pregnancy occurs, and is shortly followed by an abortion. In another case, a flexion is undergoing treatment; becomes relieved up to a certain point; pregnancy occurs, and abortion happens. In another case also where flexion is known to exist, pregnancy happens, and the patient goes to full term; recovers from her confinement; becomes again pregnant, and is threatened with an abortion. On examination it is found that the old evil has recurred; the uterus is in a state of flexion. Take another class of cases. In a certain case abortion happens, the ovum partly escapes the thickened decidua, and commencing placenta are retained in utero. Examination is made, and the uterus is found acutely anteflexed or retroflexed. A succession of such cases present themselves, the circumstances being a little varied. What other opinion can be arrived at than that the abortion is due to the flexion? I assume, of course, that the operation of other possible causes of abortion is duly regarded, and the particular case excluded from these categories. Complete the proof: trace the further history of these very cases, and suppose it is found that the phenomena described have a great tendency to recur. Let this kind of observation be made over and over again, conviction naturally follows.

In truth, when we come to consider the part which the uterus has to play in pregnancy, it is not surprising that decided distortion of this organ should materially interfere with its healthy progress. The mere displacement of the fundus backwards or forwards necessarily exposes it to greater pressure than would otherwise be the case. In the case of retroflexion, every time straining in the process of defecation takes place, the fundus is pressed down lower in the pelvis and possibly compressed. In the case of anteflexion compression downwards has a similar effect in lowering the uterine fundus, though it is somewhat protected by the bladder when this organ is distended. If the bladder is empty, however, there is nothing to prevent expulsive action of the abdominal muscles pushing the fundus lower and lower. In the next place it is to be remarked that the alteration in the tissues of the uterus implied by the presence of a severe chronic flexion is such as to materially hinder the expansive action of the walls of the uterus. Here we enter on what may be termed an almost entirely new field of inquiry. It is certainly the fact that in chronic flexions the tissues of the uterus become much condensed at the seat of the bend. It is reasonable to suppose that this condensation, hardening, puckering, and atrophy, all of which are more or less present, are inimical to the physiological changes inherent to pregnancy. If the puckering and condensation be considerable, it is evident the uterus may be so held and maintained in its distorted condition that expansion of the organ is difficult. The difficulty in question finds a solution, in many instances, in the occurrence of abortion.

But a further result of the existence of acute flexion is probably actual disease of the decidua vera, and consequent abortion brought about in this way. The growth of the decidua, which is a part of the natural process of pregnancy, cannot proceed normally at certain situations, and, as has been shown by examination of actual specimens, it may become actually disorganised, and thus lead to the occurrence of abortion. Such is probably the explanation of two very interesting observations made by Dr. Slavjansky, and published in 1873, entitled "On Endometritis Decidualis Chronica as a Cause of Abortion in some cases of Displacement of the Pregnant Uterus."[1] These observations of Dr. Slavjansky are exceedingly interesting, and have an important bearing on this subject.

All cases of uterine flexion in which pregnancy occurs are not followed by abortion, but it is mechanically almost impossible for pregnancy to continue if the flexion be unrelieved. As a matter of fact, many cases of this kind are so relieved; the uterus becomes straight as it expands by the mere circumstance of the expansion. In others the flexion remains, and inasmuch as the uterus goes on expanding, the result is actually in many instances to increase the flexion. For instance, in retroflexion of the gravid uterus, the fundus, unless it chance to be lifted up, descends lower, the os uteri and the fundus becoming at the same time approximated. The condition of the uterine wall at the

[1] Paper read before the Obstetrical Society of Edinburgh, July, 1873.

concave side of the bend, where the retroflexed uterus of four months is jammed in the pelvis, and unable to escape from the cavity, may be imagined: great tension of the uterine wall on the convex side, great compression on the concave side of the bend, consequent stretching and tension and compression of the decidua, all this increasing day by day.

In cases of anteflexion of the gravid uterus there is a greater tendency to what may be termed a natural cure as pregnancy advances, than in cases of retroflexion, for the symphysis pubis does not present a ledge like that offered by the sacral promontory, and the body of the uterus has a better chance, therefore, of rising into its natural position in the abdominal cavity. There is, however, a perpetual liability to aggravation of the existing flexion when the patient is in the upright position, or when she indulges in any special exertion, and such aggravation of the flexion may originate the abortion.

Among the many proofs that might be adduced as to the connexion between abortions and flexions of the uterus, may be mentioned observation on the effect of treatment. If means be taken to assist the elevation of the fundus by insisting on the recumbent position or by use of pessaries, and thus helping the uterus to resume its natural form as it expands, abortion can very frequently be prevented, even in cases which have been the subject of frequent previous abortions.

*Reflex phenomena observed in connexion with disorders of the uterus.*

The only one of these reflex phenomena I have space to consider is *sickness* or *nausea*. This symptom is an exceedingly common one. There are few cases in which the uterus is diseased, in which the symptom in question is not more or less observed. It varies in degree from a slight feeling of nausea, or disinclination to eat, to severe and almost constant and apparently irrepressible vomiting. It takes various forms, too, in different cases. In some instances it is only ascertained after careful inquiry that the patient has no decided nausea, but only a feeling which induces her to avoid taking food; the idea of food is distasteful. Again, it is observed only at certain times of the day, or when the patient is tired after any particular exertion. I have seen patients reduced to such a condition, after duration of this continued nausea at the very idea of food for several months, that they were literally nearly starved. I recollect well the case of one lady concerning whom I was consulted, and whose condition had become so alarming that it was thought she would actually perish of inanition, the smallest particle of food being rejected instantaneously, and this state of things had existed for some weeks. So frequently have I observed nausea or vomiting, more or less marked, in cases of uterine disease, that I have come to look for it almost as constantly as dyskinesia or any other common symptom of uterine disease. Not unfrequently we observe this symptom particularly well marked in cases of dysmenorrhœa, for, in addition to the pain and difficulty present at the menstrual period, there is not seldom very intense sickness present at the same time. Here, again, I have observed certain cases where the symptom in question has assumed a really alarming character from its mere severity and intensity.

The nausea or vomiting observed in cases of uterine disease appears to be a reflex symptom, and arises out of the close sympathy subsisting between the uterus and the stomach; and it seems identical in its nature, whatever that may be, with what is observed in many cases of pregnancy, when nausea or vomiting occurs in connexion with this process.

That disordered conditions or diseases of the ovary may give rise equally with the uterus to nausea or vomiting is probable, and cases of this kind have been recorded. Marked dislocation involving compression of the ovary appears to be the most important of the ovarian causes of reflex nausea and vomiting. I say nothing of peritonitis or of other well-known possible causes of vomiting, and it is not my intention to give an exhaustive list of other possible causes of chronic vomiting or nausea. My sole object is to examine carefully those cases in which facts and circumstances show conclusively that the uterus is the irritating organ, and that the vomiting and nausea arise out of this irritation.

The organic diseases of the uterus are responsible for some instances of reflex vomiting. Cancer and fibroid tumour may either of them produce it in a marked form. Fibroid tumours do not commonly give rise to this symptom, but cases do now and then occur where it exists in great severity. It is not the large tumours by any means which occasion the most trouble in this respect; in such cases it would appear to be due to compression or stretching and tension of certain portions of the uterine tissues and of the nerves contained in these tissues.

Various writers have alluded to vomiting and nausea as a symptom attendant on certain cases of uterine inflammation. There is nothing new, therefore, in so associating it with the irritation of this organ. What is meant, however, by inflammation of the uterus?—and what are the particular cases which are liable to be attended with vomiting? The answer to these questions is, that distortions of the uterus, coupled with engorgement or congestion of the organ are most commonly the cause of this particular reflex phenomenon. Flexion of the uterus is directly or indirectly responsible for its occurrence. I have carefully observed the frequency of the symptom, have watched its commencement, seen its increase, and witnessed its decline and disappearance, in a large number of cases. It is not constantly observed in cases of flexion; but in cases where there is reflex uterine sickness, it may be confidently stated that, excluding organic and ovarian causes, the cause will, on examination, be found to be flexion of the uterus, more or less marked in degree. Indeed, I may go so far as to say that severe reflex uterine sickness is invariably so associated. It is most marked and most alarming when there is considerable congestion of the uterus accompanying the flexion. In such cases every movement of the body calculated to exercise pressure on the uterus excites the attack; even the sitting position may give rise to it, and, clinically, it is demonstrably aggravated by precisely those alterations in the position of the trunk which would be likely to increase temporarily the degree of the flexion present. The more chronic slighter cases, where only nausea is present, are very frequently found to be due to a slighter degree of the affection, coupled with a very decided softness of the uterine tissues. The erect position of the trunk in such cases temporarily produces increase in the flexion, and consequent nausea. In such cases the patient is often able to take food when lying down all day, whereas the moment she attempts to sit up to dinner the nausea becomes evident, and the food is sent away untasted.

There is a class of cases to which special attention is directed, and in which the continual presence of nausea leads finally to a state of extreme feebleness, simply in consequence of starvation. They occur in an insidious way; the appetite fails, and less food is taken than before. After some weeks or months the appetite is less, the idea of food producing nausea. So the case runs on, until in two or three years' time, or sooner, we find the patient, not unfrequently a young woman from seventeen to five-and-twenty years of age, a feeble, almost helpless invalid. In these cases the uterus is found to be unduly soft; there is flexion; this flexion is aggravated by the upright position, and the nausea is thus produced. Dietetic errors, as I have previously explained, cause weakness of the uterus. It is ill-nourished, loses its tonicity, any over-exertion distorts and displaces it, and from that time nausea, more or less severe, sets in. The remarkable feature of these cases is that the power of taking food is restored, sometimes at once, in such cases, by enforcing the horizontal position. I have witnessed this sequence of cause and effect so frequently that there can be no doubt about it. The power possessed by this slow, never-ceasing irritation of the uterus to produce such constant nausea, and in the end to give rise to such profound derangement of the whole economy, constitutes a fact of the highest therapeutical interest.

Here it would be proper to allude to the *vomiting of pregnancy*, but space forbids.

*Disorders of the functions of the rectum.*

Disorders of the functions of the rectum are frequently produced by some change in the uterus. There are, no doubt, sympathetic connexions between the two, the uterus and the rectum, but the mechanical relations are much more important. The act of *defecation* is frequently hindered or deranged by uterine causes. The axis of the uterus in the

pelvis in the normal state is nearly vertical, and in this position, unless it descends very low, no disturbing pressure is exercised on the rectum; but it is very different when the long axis of the uterus lies across the pelvis from back to front. This happens when the uterus is anteverted or retroverted. Thus, when the uterus is retroverted, and particularly if, at the same time, it be enlarged, the fundus lies posteriorly on the bowel, and the pressure downwards exercised by the abdominal muscles in the act of defecation only serves to compress the rectal tube still more. The more the patient strains the more complete is the blocking of the tube. In fact, in many cases of retroversion and flexion of the uterus, constipation of an obstinate kind is one of the common symptoms. It is not a constant symptom, for it occasionally happens that the fundus uteri lies not immediately on the rectum, but a little to the side of it. I have witnessed some curious effects in cases of retroflexion of the uterus in regard to the process of defecation. In some instances the straining efforts in the end propel the fundus uteri actually into the bowel, and even as low as the sphincter of the rectum. The fundus is then driven violently downwards into the bowel, invaginating it, and acting as a complete ball-valve. The repetition of this process may even mould the top of the uterus into a conical shape, as I have seen in more than one case, and was much puzzled to account for it, until I found the uterus actually in the rectum. These latter cases are not common, but they indicate how seriously the act of defecation may be interfered with by the downward pressure of the retroverted and flexed uterus.

Another effect of retroflexion, which is of precisely the opposite kind, is diarrhœa. It is not common, but in a few instances I have witnessed it. It is hardly a diarrhœa, but more properly a frequent, painful tenesmus with passage of small quantities of mucus; and the symptom may persist a considerable time, unless the cause be detected and removed. It appears to be due to the friction and pressure produced by the retroflexed fundus on the lining of the bowel.

In cases of anteversion or flexion also constipation is frequently observed, and may be due to a like cause—namely, the blocking up of the rectum by actual pressure. It is a by no means uncommon result of anteflexion, particularly when the uterus lies rather low in the pelvis, and it is particularly noticeable when the uterus is more anteverted than flexed.

But another symptom is not uncommonly observed in cases of uterine displacement. The act of defecation is sometimes excessively painful, or when not actually it is productive of discomfort. It is particularly in cases of retroflexion, when the uterus is congested and very sensitive to touch, that this symptom is observed in its greatest intensity. The straining necessary exaggerates the flexion, the tender, sensitive fundus is compressed more and more, and this has the result of producing intense pain.

In a few cases I have known very troublesome prolapsus of the rectum caused by uterine displacement; and, curiously enough, these have been cases in which the uterus was anteflexed, the whole uterus descending in its anteflexed state so low that during expulsive efforts it invaginated the rectum, and produced considerable prolapsus of the bowel.

*Disorders of the functions of the bladder.*

The bladder and the uterus are most intimately related; a considerable portion of the anterior aspect of the uterus is adherent to the bladder, and to a certain extent the one necessarily follows the other organ in any change of position.

Alteration of the shape and position of the uterus often markedly disturbs the position and shape of the bladder, and thus deranges its functions.

Anterior displacements of the uterus, as a rule, depress the bladder. The body of the uterus comes to occupy the space of the bladder, which it invaginates. The posterior wall of the bladder is thus pressed downwards until it actually touches the floor of the organ. The bladder becomes distended more laterally than usual as urine enters it, instead of equably, and its spherical shape no longer remains. In certain forms of prolapsus the bladder, as is well known, may be actually protruded at the vulva, with the uterus behind it urging it lower. Anteversion and flexion of the uterus occasion very commonly *frequency of micturition*, the patient often suffering extremely from the constant desire to empty the bladder. It is a very nearly constant symptom of this form of displacement, and it is sometimes so distressing that the patient thinks only of it. It is relieved by the recumbent position. Difficulty in micturition may be observed, but not often, in this form of displacement.

Another symptom I have observed in a very few cases is violent pain after emptying the bladder in cases of anteflexion. It appears to be due to the contact of the posterior with the anterior wall of the bladder, produced by the pressure of the fundus uteri.

The backward displacement and flexion of the uterus are also capable of violently disturbing the bladder function. Retroversion frequently occasions *retention of urine*. The os uteri is tilted upwards and somewhat forwards; it drags the urethra and floor of the bladder upwards, and prevents the escape of the urine, sometimes by the mere tension on the urethra, which probably interferes with the muscular action of the sphincter, or by actually compressing the urethra against the back of the pubic symphysis. When the uterus is much enlarged these efforts are proportionately intensified. It is well known, for instance, how commonly retention of urine accompanies retroversion of the gravid uterus, where the enlarged organ fills the sacral concavity and the os uteri is elevated sometimes to the level of the top of the symphysis, dragging the bladder and urethra upwards and giving rise to very serious effects. In the non-gravid cases analogous effects are observed, but of course the symptoms are less severe in degree.

*Changes in the uterus.*

We have completed the survey of the uterine symptoms observed. It will be necessary, in the next place, to consider the changes in the uterus by themselves, and to indicate the respective parts these various changes play in the pathology of the uterus.

The clinical importance of change of shape or distortion of the uterus has been shown to be great. Its pathological consequences can be demonstrated to be equally so.

Looking down the list of possible uterine changes which was before given (see first lecture), and which is not arranged in reference to order of frequency, the one which attracts attention in the first place is "change in vascularity."

The change in the vascularity of the uterus which very prominently stands forward as an important one is *congestion* or *engorgement of the uterus*. Attentive consideration of the facts renders it evident that engorgement of the uterus or of certain parts of this organ has an exceedingly intimate connexion with alteration of shape, and we find the two conditions so interwoven that care is required to disentangle them. Hence, also, the varying opinions as to the respective importance of congestion and flexion of the uterus.

Finally, the question to be resolved is really, what is the cause of the congestion? Congestion or engorgement of the uterus is undoubtedly very common. The congestion may be the sole alteration present. This simple congestion may probably be produced in many ways. Luxurious living, sedentary modes of life, undue sexual excitement, are causes of congestion, and others might be mentioned. But it does not appear that congestion of this kind, pure and simple, is clinically noticed, or even decidedly noticeable. Such cases do not apply to us for relief. Undoubtedly, in the end, important effects may result. In some cases, the long perpetuation of an unduly full condition of the bloodvessels of the uterus results in an hypertrophy of the organ. As a whole, the uterus enlarges, becomes heavier; its increased bulk is a source of discomfort. It descends too low in the pelvis; it secretes more profusely than the normal-sized uterus, and corresponding symptoms show themselves. But cases of this kind are rare, or, at all events, they rarely come before us. Congestion of the uterus, accompanied by other uterine changes, is, moreover, very common. Distortion of the uterus is a very frequent associate of congestion, and the two are related in a most intimate and important manner.

The uterus receives the greater part of its blood from vessels which enter it laterally at and just below its centre. These vessels enter the organ and pass out of it at this situation. Consequently the circulation at the two extremities of the organ is necessarily affected by any physical alteration, such as compression, condensation, &c., taking effect at

this situation. It is a matter of necessity that the circulation should be less free and natural at the fundus, for instance, if the uterus be sharply bent at its centre, for the calibre of the vessels at the flexed portion is lessened thereby. The effect is as if a ligature had been tied round the uterus. It is true that a flexion of the uterus may not affect very materially those vessels which have not yet entered the organ, and which enter it just above and below the bend, but it is sufficient for the argument that some vessels should be physically compressed. This physical effect of flexion in inducing congestion is recognised by Klob, also by Thomas. The clinical proofs of the operation of this compression in producing congestion are of the most convincing kind. I have over and over again found acute congestion of the uterus disappear in the most rapid manner on simply straightening the flexed uterus, or so elevating the fundus as to lessen the degree of the flexion. The congestion thus produced may, and frequently does, affect both extremities of the uterus, the os and the fundus, or it may affect principally the fundus or cervix alone. The distension, swelling, and increased vascularity of the cervix are obvious enough to the eye as well as the touch. The engorgement of the fundus can be measured by the touch, by the increased size of this part of the uterus, and by its inordinate sensitiveness to the touch.

Various views are held as to the relation of the congestion to the flexion. One view is that congestion causes flexion. Dr. John Williams opposes this view, his arguments showing pretty conclusively that the weight of the additional blood would not account for that amount of change of shape we find in cases of decided flexion. In fact mere congestion of the fundus cannot be regarded as a cause of flexion.

Another view is, that flexion is only important when associated with congestion; and the fact that cases in which the two are associated are so much benefited by removing the congestion by leeches, rest, &c., is put forward as a proof of the unimportance of the flexion. But, in point of fact, most of this may be readily conceded. There can be no doubt that the advent of congestion materially aggravates the suffering; it is equally certain that its removal is a blessing and a comfort to the patient. But to those who argue from these facts that the flexion has no importance, it must be replied that it is so important that by lessening or removing the flexion you at once get rid of, or materially lessen, the congestion.

The state of the congested and flexed uterus may be likened to that of the arm bound up ready for the operation of venesection. The hand and forearm are turgid with blood; the veins are distended; the bandage is the agent by which this distension is produced and kept up. The congestion of the uterus is produced by the constriction consequent on the flexion, and the two extremities become turgid with blood, and remain so to a greater or less degree so long as the flexion persists.

It is merely necessary to observe carefully the behaviour of the uterus when affected with acute flexion to become convinced of the very close connexion between the congestion and the flexion. We see the aggravation of the flexion immediately followed by increase of pain, by increase of swelling of the uterus, by fulness and increase of size of the one or both extremities of the uterus; and we see how rapidly the swelling, the pain, and the irritation generally subside when such assistance is given, by position of the body or by internal treatment, as tends to lessen the flexion.

There are many varieties of congestion; or rather, it should be said, the condition of the uterus varies much in different cases, and congestion, added, assumes naturally different complexions. Thus the uterus attacked by congestion may be normal in texture; it may be very soft, owing, as already pointed out in the first lecture, to malnutrition or like causes; or it may be extremely hard, owing to long-standing disease; it may be very large, owing to subinvolution following labour, or owing to long-standing disease; and the physical condition of the organ, on examination, is therefore not alike in all cases.

It appears to me to be of the greatest importance to distinguish congestion from that condition which I have described as *softness* of the uterus. Formerly I was in the habit of confounding them; but it seems quite certain that there is such a condition as abnormal softness which may be entirely unaccompanied by congestion. It is undoubtedly the fact also that *when* the uterus is unduly soft, it is very liable indeed to become congested. But the congestion is added on, and produces distinct effects of its own. Pain is thereby produced, and the uterus, losing its softness, becomes harder and firmer than before.

The relation of congestion to enlargement of the uterus—*increase in size*—is of great importance. Chronic congestion of the uterus has the effect of producing, in the end, a permanent increase in its size. This I propose to term *congestive hypertrophy*. Thomas, of New York, designates this condition of the uterus *areolar hyperplasia*.

In chronic cases of flexion of the uterus it is frequently observed, especially in women who have had children, that the os uteri is very much hypertrophied, the two lips of the os presenting large tumefied bodies. These are instances of long persistence of chronic congestion, giving rise to local hypertrophies. Although the fundus cannot be seen, it can be felt, and it is found larger and weightier than normal.

Congestive hypertrophy of the uterus not arising from flexion is occasionally met with, but its most common cause is, as I believe, a chronic flexion, which has been the means of keeping up a more or less persistent congestion of the uterus.

The attention of uterine pathologists has been much occupied with the changes observed at the os and cervix uteri. These changes are certainly important; but they appear for the most part to arise in the manner just pointed out. We find the os swollen, turgid, vascular; we see the secretion of the glands of the cervix largely increased in quantity; we see abrasion of the epithelium covering the os; we observe the lining of the cervix to have its colour deepened and to be thicker than normal. These various appearances are as a rule connected with the disorder of the circulation produced by the changed shape of the uterus. The mechanical origin of this congestion is frequently shown to us by the alteration in the form of the lips of the cervix. Thus, in cases of anteflexion, the anterior lip is often much more swollen than the posterior, whereas, in retroflexion, it is often the posterior lip which is the more swollen of the two. These local hypertrophies in time come to present themselves as substantial ailments.

Congestion of the uterus is a very prominent feature in the cases which appear to us for relief. And it is not surprising that much attention should have been bestowed upon it, while other elements in the consideration have been, as I have endeavoured to show, comparatively overlooked. The congestion itself, undoubtedly, adds materially to the pain which the flexion causes. This it does partly by the general distension and stretching of the uterine tissues, but mostly, as I believe, by its intensifying the pressure already brought to bear on the uterine tissue at the seat of the flexion.

Concerning *inflammation of the uterus* and its relative congestion a word or two may be added. Pathologists have almost agreed to give up the use of the word as applied to the ordinary changes observed in the uterus. What has been called "chronic inflammation" is more accurately described by the epithet "congestion." Acute inflammation of the uterus is one of the rarest of events, and appears to be almost solely observed as the result of actual septicæmic irritation of the organ, the result of wounds, the introduction of tents, certain surgical operations, and the like.

*Varieties of uterine distortions.*

These varieties are infinite, but they resolve themselves into two classes:—(*a*) anterior flexion, and (*b*) posterior flexion. There is frequently a slight lateral inclination also, but decided lateral flexions are rare.

The degrees of flexion are various. The uterus may be so much bent that the fundus almost touches the os, or would do so but for the intervening vaginal and other reflexions, or it may be very slightly bent.

The changes observed in the walls of the uterus as the result of these flexions are of great interest. Thus as regards their thickness the tendency is to produce thickening of the walls of the body of the uterus and also of the lower part of the cervix; but as regards the middle of the uterus the tendency is to a thinning of the walls, and in the end to the production of a persistent atrophy of the anterior wall at this situation. It is quite true that occasionally actual thickening occurs at this central spot. Dr. Meadows re-

cently called attention to this as an occasional event. And I have myself noticed in some cases of anteflexion that the anterior wall at the seat of the bend is actually bulged forwards so as to present a kind of ridge. But, as a rule and as a pretty constant effect of chronic flexion, I believe atrophy of the uterus around and near the internal os is produced by the distortion. Indeed, I have found the anterior wall as thin as a piece of brown paper. This atrophy is certainly a very distinctive feature, and one easily appreciable by the conjoined use of the sound and the finger in severe long-standing cases of flexion. And it has a peculiar interest in that the existence of this atrophy is the great difficulty in the way of the perfect cure of flexions of the uterus which have lasted for some years. The hypertrophy of the two extremities and the atrophy at the centre of the uterus present a combination, not unfrequently rendering absolute cure almost impossible.

Then, again, we have various conditions of texture in these different cases. The acutely anteflexed uterus is sometimes soft and pliable, or after the lapse of years it becomes hard and firm. The degree of the flexion may be the same, but the other conditions are widely different. Again, we find in one case a great liability to congestion, and consequent increase of pain; in another the uterus has lost its susceptibility to congestion. It is hard and firm, acutely flexed, perhaps, but is no longer so much a source of trouble as formerly. In fact, the variations in cases are infinite, and we find endless combinations of physical changes.

*Changes in the patency of the uterine canals.*—The effect of acute flexion in producing dysmenorrhœa has already been alluded to. The compression in long-standing cases has had so much effect that a very small probe only can be passed into the uterus; and the hardening of the tissues around this narrowed tube renders its dilatation correspondingly difficult. Other effects of obstruction might be mentioned—e.g., regurgitation through the Fallopian tubes.

*Disorders of innervation.*

These disorders have been already incidentally discussed.

*Peri-uterine inflammation.*

I cannot attempt in these lectures to do justice to this subject. But I wish to say a few words on the relation of these peri- or para-uterine disorders to the mechanical changes which have occupied our attention. I have spoken of the disturbance to the circulation in the uterus produced by displacement and distortion; but in certain cases I have observed facts which appear to show that these mechanical changes may so embarrass the circulation around the uterus as to give rise to tumefaction and to actual œdema. This œdema has been located in certain spots near the uterus, and has been produced, in the cases I have observed, by exertion of various kinds. These tumefactions are not usually tender, and their disappearance after a few days' rest, together with the absence of inflammatory symptoms, seemed to me to imply that they were only œdematous effusions due to pressure, and not cases of true pelvic cellulitis.

*Principles of treatment.*

It will naturally be expected that something should now be said in conclusion respecting the principles of treatment of the mechanical diseases of the uterus. Certain important generalisations naturally follow from the foregoing considerations. The medicine of the future is "preventive" medicine. From this point of view certain of the ideas which have been submitted for your consideration have much interest. If it be the fact that the mechanical diseases of the uterus are the most important of its diseases, and if it further be the fact that these mechanical diseases almost never occur unless in cases where the general nutrition of the body is at a low ebb, and the uterus has become greatly weakened and its physical resistance impaired,—if, I say, these two ideas are correct, it follows that the greatest care is necessary on the part of those having the responsibility of the training of young women, to nourish and sustain the strength of the body at large in order to secure immunity from uterine suffering.

It will further follow that care should be shown in the regulation of exercises and exertions of various kinds, and that they be kept within the limits of moderation. It will also not be lost sight of that when complaints are made of pains and inconveniences following exertion, they are not to be treated as necessarily fanciful and imaginary. Regard will necessarily also be paid to the possible weakening effects of exhausting diseases, as fevers, upon the uterus. The insidious effects of prolonged uterine nausea in producing a kind of semi-starvation must be duly recognised.

As regards the cure of these mechanical diseases, the principles of treatment may be succinctly stated.

In the first place it must be recollected that all cases are not alike; some require little treatment, others are cured with great difficulty.

*Duration* is an element of importance. When the disorder is recognised early, its cure is comparatively easy. When, however, the uterus has been decidedly distorted for some years, complete cure may not be possible.

The consistence of the uterus is a matter much affecting treatment. If the uterus be still softer than normal it is a hopeful feature in the case, though it may take some months' general treatment to restore its tonicity and firmness, but the cure of the flexion is more easy; whereas, when the uterus is very firm, the distortion is so frequently accompanied by considerable atrophy at the seat of the bend, that perfect restoration is difficult.

These general considerations apply in all cases, and a want of attention to them will involve disappointment in many instances.

The actual treatment required is, of course, to restore the uterus to its proper shape and position, while the restoration of the health of the body at large is at the same time the object of careful attention.

There are various ways of restoring the uterus to its proper shape. 1. By placing the patient in such a position that the force of gravity aids in restoring the organ. 2. By the use of certain internal mechanical appliances.

1. *Positional treatment.*—This is of the utmost consequence in all cases, difficult or not difficult. In slight cases it is alone sufficient. This is most important. Bearing in mind the circumstance that the subjects of these cases are not unfrequently young unmarried women in whom local explorations and the application of internal local treatment are, if possible, to be avoided, it is very satisfactory to know that a rational treatment of slight uterine displacement and commencing uterine distortion can be carried on without recourse to these procedures in certainly the large majority of such cases. It is, of course, different when the malady is of long duration, and the uterus has been perhaps for some years in a very diseased state.

One or two instances may be given in illustration of these remarks. A young lady, much addicted to dancing, had not menstruated for nearly a year. No examination was made, but a diagnosis of probable commencing anteflexion was arrived at. The patient was ordered to maintain the horizontal dorsal position absolutely for two months. At the end of one month, menstruation reappeared, and the case subsequently ended quite satisfactorily. Some years ago, I was consulted in the case of a young lady who had been allowed to overexert herself in many ways, who had been very much under-fed, and in whom menstruation had ceased for a long period. The horizontal position, and great care in the matter of dietary, produced a complete restoration to health. Since that time other members of the same family have exhibited like tendencies, and the same symptoms have been combated with the same simple remedies with perfect success, though, from what I know of the history of similar cases, it was evident to me that there was decided mechanical disturbance of the uterus present, such as would, if neglected, have led to more serious results in process of time. No examination was made in either of the cases.

The horizontal position is the great desideratum. The difficulty is to know whether the dorsal or the prone position is the proper one. The lateral position may often be accepted as a compromise when this is uncertain. The symptoms generally indicate the proper course, and, forward displacements being much more common, the dorsal or lateral position is generally necessary.

In some long-standing cases also position is of great importance. Even in association with internal local treatment it is in most cases absolutely necessary. Pessaries are not alone capable of curing these chronic cases, and I have seen great disappointment result from want of appreciation of the necessity for rest and horizontal position as part of the treatment. The prone position in retroflexion cases, the

dorsal position in anteflexion, must often be enforced for weeks, or even for months together, when the uterus is much distorted, if real benefit is to result. The prone position is tedious and painful, unless the patient be placed on a slight incline of pillows, when it is readily borne. The knee-elbow position is useful as an occasional measure, particularly in backward deviations. Dr. Campbell, of the United States, has recently forcibly directed attention to its value. And on the effect of position generally I would refer to an important paper by Dr. Aveling.

By these positional remedies the force of gravity is brought to bear on the fundus uteri, and a reversal of the vicious direction of the fundus is assisted.

*Mechanical internal treatment.*—Various mechanical apparatus may be employed. When the uterus is still moderately soft, vaginal pessaries applying pressure in the upward direction against the fundus are of great service, especially assisted by the horizontal position. For posterior flexions modifications of the Hodge pessary, for anterior flexions modifications of the "Cradle" pessary are, I believe, the best. These instruments are capable of doing much while the uterus is moderately soft. But when the organ has become hard and the flexion is chronic they are insufficient. The uterus must be unbent and straightened by the sound, or by the use of tents. Repeated gentle bendings of the uterus the opposite way is an efficacious method of treatment. The combined use of the sound and a vaginal pessary will effect much in process of time, even in very severe cases. The uterus is a very plastic organ, as is proved by what has been frequently observed in the complete cure of cases of inverted uterus of many years' duration.

On the subject of pessaries space will not permit me to say much. A well-fitted pessary is a great aid in treatment; but there is no middle course. It must be well fitted and really adapted to the peculiarities of the case, or it will be worse than useless. Much has been said as to the multitude of pessaries, but when this remark is made it may be answered that the variation in cases is great, and it is a great mistake to suppose that one pessary will suit all cases.

Uterine stems are of great service in certain cases, and many improvements have of late been made in their adaptability by Dr. Meadows, Dr. Bantock, Dr. Chambers, and others.

Various operations for the cure of distortion are occasionally properly practised. The incision of the internal os uteri for the relief of dysmenorrhœa does not, except in a few exceptional instances, appear to be a satisfactory procedure, though it has been much practised. The real difficulty in most of such cases is the flexion. But as an aid to the cure of certain severe distortions this mode of treatment may occasionally be called for.

The treatment of the congestion accompanying flexion of the uterus demands a few words. Leeches have been much recommended, scarifications of the os have also been employed. But I rarely find these measures necessary. The congestion is at once relieved by straightening the uterus, which may be done by position, by the use of the sound, or by a pessary, according to the degree of severity of the case.

The *general* treatment of the patient in cases of uterine disease is of the utmost consequence. One of the principal merits of the system of uterine pathology now enunciated is, in my opinion, the explanation offered of the process by which health passes into disease, and why it is that the sound uterus becomes predisposed to injury from accident, or more slowly by the debilitating influences of semi-starvation, and circumstances lowering the general health. A generous diet is almost always necessary. Food often cannot be taken unless the patient is instructed how to take it. Frequent (every two or three hours) small meals of easily digested food, such as soup, essence of beef, eggs, &c., should be given; animal food in some form is the food particularly required. Various tonics are of service—iron, quinine, nitro-muriatic acid, &c. In certain cases moderate quantities of wine are certainly necessary. Fresh air is essential, but long walks are quite inadmissible; also long carriage rides unless in a semi-horizontal position. Baths, frictions of the skin, hip-baths containing sea salt or Kreuznach salt, &c., have their own place as aids in the treatment. The greatest patience is required to restore the general health in long-standing cases. The effects of four or five years of semi-starvation cannot be got over in a few weeks.

And now, gentlemen, as far as space permitted, I have laid before you the more important of the arguments and the main facts which support the mechanical system of uterine pathology. On many interesting points I have been silent. In regard to the proofs of the various statements made I regret that I have found it impossible, in these lectures, to even attempt any arrangement of the very numerous facts and cases which are adducible in their support. I have been obliged to speak dogmatically in many cases where I should have preferred to give facts instead of mere arguments. The conclusions which I have expressed may appear to you sound, or they may not. My appeal is confidently made to unbiased intelligent observation for confirmation of the accuracy of the facts on which these conclusions are based. How far I have succeeded in my endeavours to deduce from clinical facts a rational and intelligible system of uterine pathology it must be for you to determine. In conclusion, permit me to thank you for the patience and attention with which you have listened to my observations on the subject.

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## ON THE USE OF PHYSOSTIGMA IN SOME NERVOUS AFFECTIONS.

BY SYDNEY RINGER, M.D.,
AND
WILLIAM MURRELL, M.R.C.P.

(*Concluded from p. 914.*)

WE next give a detailed account of two cases of locomotor ataxy; both considerably improved. The first case, that of the woman, was unusually severe, the arms being affected as well as the legs.

Mrs. W——, aged fifty-nine, is a widow, and the mother of eight children. Until the present illness she was a strong healthy woman, and supported her family chiefly by needlework. There is no history of hereditary disease, and none of syphilis. From patient's account it would appear that her illness commenced acutely. About three and a half years ago, after some weeks of heavy housework, she was laid up with pains in the stomach and violent retching. She remained in bed during the day, and was not at any time insensible. On the morning of the day following her attack she noticed some loss of power in her legs. On the next day she got up, but was for two months unable to walk. This condition gradually passed off, and patient was soon nearly well again. A month or two later she again began to get weak in the legs, and for the first time experienced a sensation as if she were walking on a sponge. She, on one occasion, at the commencement of this attack, noticed that she squinted, and being somewhat alarmed, called the attention of her friends to the occurrence, but it completely passed off in about half an hour. The loss of power in the legs gradually increased; two years ago patient was able to walk about with the aid of a child, but since then she has been quite helpless, and unable to get about at all. For a year she has had some difficulty in retaining her water, but during the last three months this symptom has almost disappeared under the influence of belladonna. Her present symptoms have been coming on so gradually for the last three years that she cannot give the exact time or order of their appearance. The neuralgic pains in the legs have troubled her during the last three or four months only.

The following are the notes of patient's condition on November 5th, 1874:—Patient is sitting in a chair grasping its arms firmly to prevent herself from falling from the seat. Her legs are never at rest, but are constantly and violently jerked about, so that they often become entanged with the legs of the chair, and she is then unable to liberate them without assistance. These choreic movements are intensified when her attention is directed to them, but she is by

an effort able to restrain them for a few minutes. At night her knees are involuntarily knocked together, and this often keeps her awake for hours. Unless tightly tucked up, the legs often get out of bed without her knowledge. There is no true paralysis. Patient, when sitting down, can move her legs in any position, and can keep them extended for some minutes. There is no impairment in the power of muscular resistance; the legs cannot be flexed or extended against her opposing will. She is quite unable to walk. On attempting to rise, the legs slip forwards from under her, as if she were endeavouring to obtain a footing on ice. She appears to have no grasp on the floor with her feet. The sprawling continues for about a minute, when she succeeds in assuming the upright position by resting her hands firmly on the arms of the chair; but has no sooner done so than she drops back again into her seat. The involuntary movements of the legs are always greatly intensified by the effort. When she is supported on either side the legs are thrown out violently backwards, forwards, and sideways, striking anything that may be in the way, so that one is glad to get her back to her chair again. Patient, when endeavouring to stand, feels as if she had a large sponge under her feet, which prevented her from touching the floor. There is no loss of sensibility in the legs; they feel to her excessively cold, but the feeling is purely subjective. She suffers almost constantly from pains in the legs, which are described as being "like shocks." In the upper limbs the choreic movements are absent, but there is some inco-ordination of muscular movement. She can pick up a pin with either hand, but it requires considerable effort to do so. She is quite unable to sew, and cannot carry a glass of water to her mouth without spilling the greater part of the contents. She cannot hold a book sufficiently steady to read, and has to place it on the bed. She feels as if a band were tied tightly round the body at about the level of the first lumbar vertebra. It is a distinct feeling as of a constriction, and she often feels as if she could not breathe for it. This sensation is not constant, and is experienced for only about two hours three or four times a day. Respecting the general health there is not much to be noted; the appetite is poor, and the bowels are opened two or three times a week, but seldom without medicine. There is no apparent impairment of the mental condition, although she says her memory is very bad. She has been long-sighted for five or six years, and deaf since childhood. She soon gets tired, and is unable to sit up for more than two or three hours during the day.

The patient was ordered to take extract of physostigma, one-tenth of a grain every three hours.

During the first week that the pills were taken she complained of "griping pains" in the abdomen, and the bowels were opened three or four times a day. This soon passed off, and the bowels became regular, being opened every morning. At the expiration of the second week, patient's condition had considerably improved. The choreic movements were less marked, and she said she felt that she was "much quieter." The knees knocked together less at night, and she slept much better. By resting her hands on the arms of the chair, she could raise herself at once and without hesitation, the legs no longer slipping from under her. The effort was followed by very little involuntary movement of the limbs. There was no change in the other symptoms except that the band appeared to be less tightly tied round the loins. A fortnight later she could support herself in the upright position with the aid of her arms for three-quarters of a minute, could sit quietly in the chair without grasping its arms and without fear of slipping from her seat. She could hold a book open in her hands for half-an-hour or more at a time. The pains in the legs were much better, and had troubled her very little lately. She felt stronger, and could sit up from nine to four without much difficulty. The improvement continued slowly but steadily to the end of the year. She could then stand in the old way for nearly two minutes without the production of the choreic movements. The want of co-ordination in the arms was much less, patient having at this time no difficulty in carrying a glass of water to her mouth without spilling it. In the month of February, patient, when supported on either side, could walk much better, the legs being jerked about less, and being stamped down in very much the ordinary locomotor ataxy fashion. The improvement in the walking was very marked.

On March 29th the following note was taken:—Patient is sitting perfectly quietly and naturally in her chair, no abnormal movements being seen. When supported on each side, as before, the legs are thrown out forwards and brought down with a "flop." The legs are not jerked out laterally, and no difficulty is experienced in getting patient along. Formerly she was almost a dead weight; now she is able to support herself to a considerable extent. She has been hemming a towel, the work being done, she says, as well as she could ever do it. The feeling of the cord is quite gone. The improvement from this time continued steadily. In August she might have been pronounced well as regarded her upper extremities. She could use her arms with perfect freedom, and could even perform such little acts as pinning her shawl with facility. For some months past the patient has continued to improve. She is still unable to stand alone or walk without support, but in other respects she is perfectly well.

Another patient, aged forty, a tall, thin, wiry-looking man, evidently of sanguine temperament. For twelve years he was foreman in a large warehouse in the city. He was accustomed to lead an active life, and could walk, run, or jump with anybody. He lived five miles from his work, and always did the journey twice a day, in and out, under the hour. He was about on his legs all day, and often never sat down from morning to night. He was a happy, prosperous man, making money fast, and until the present illness never knew what it was to be laid up or out of employment. He has been a steady man, but a great smoker, always having his pipe in his mouth during his walks. There is no history of syphilis, and, with the exception of a passing clap, patient never ailed in any way. About eight, or it might be nine years ago, patient felt that there was a change; there was a feeling of uncertainty in his walk, a little giving way in the legs; in fact, he was, he says, like a horse that had been hamstrung. Soon he felt that he could not run so well, and he gave up his morning and evening walk, taking the omnibus to and from work. In a little while he felt afraid to jump on the 'bus whilst it was in motion, and got in the habit of hailing it, so that it might stop for him. As time went on he felt afraid to get on the roof or knifeboard, and went inside. He next noticed that he staggered a little in his walk, and suddenly received notice of dismissal from his employers without any reason being assigned. He was at the time quite unable to account for this, but has now no doubt that he lost his berth in consequence of his staggering having been attributed to the effects of alcohol. For two years he endeavoured unsuccessfully to obtain employment. He spent the little he had saved, and, being in trouble and distress and out of work, paid no attention to the progress of his complaint. It was about this time that many of the symptoms from which he now suffered first appeared or became intensified, but as to the order of their appearance he remembers little definitely. For the last eighteen months he has acted as librarian in a literary institution, doing in addition a little out-door work in the way of collecting. He has consulted many doctors, both privately and in hospital or dispensary practice. Many of them, he says, had evidently no idea of what was the matter with him; and those who seemed to know most about his case gave him the least hope of getting better.

Patient has the characteristic locomotor ataxy walk. The legs are thrown up in the air, and are then brought down violently, the heels first coming in contact with the ground. The patient was acquainted with this peculiarity in his walk, his attention having been first called to it by noticing the rapidity with which the heels of his boots became worn down. He can walk alone for a short distance, but takes every opportunity of steadying himself by the table or other articles of furniture about the room. He has an objection to carrying a stick in the street, but never goes out without an umbrella, from which he obtains some support. He always uses the umbrella as a stick, and is so dependent upon it that when caught in the rain he prefers getting wet to endeavouring to walk alone. He has noticed this as regards his complaint, that the farther he walks the better he gets along; he can to a certain extent walk it off. His greatest difficulties in locomotion are in crossing the road and going round corners. Stepping on the curbstone is with him always a difficult and delicate operation. He often walks in the road until

he comes to a post or lamp by which he can assist himself on to the curb. Only a few days ago he experienced so much difficulty in getting on to the pavement that he, to save himself from falling, sat down in the mud, and then accomplished his object on his hands and knees. Going up stairs he says is a tiresome job, and he has to hold fast by the banisters, and get up step by step. He often thinks of the time when he could rush up stairs, taking five or six steps at once. At the door of the library are four ordinary steps unfurnished with a balustrade. These patient always finds a difficulty, and looks upon their ascent as a disagreeable beginning to his day's work. There is much less trouble in going down stairs, though even in that there is at times considerable uncertainty. He is quite unable to stand alone in the dark, and would any time, for the last four or five years, go down in a minute if he tried it. He has on this account to employ a boy to shut up his place of business for him; if he were to turn out the gas himself he "would go down like a shot." The legs can be moved freely in any direction, but patient is not always quite sure of their position. At night, for instance, they often get out of bed without his knowledge. He can always feel the ground distinctly, and never experiences the sensation of something soft intervening between his feet and the floor. He is much bothered by pains in his lower extremities, sometimes in his shins, and sometimes in his knees or left groin. It is a "sharp, rheumatic, spasmodic pain, like toothache." Sometimes it is "just like a corkscrew being turned slowly round and round in his knee." Some years ago he had a knife stuck in his leg, but the pain of that was nothing to what he often suffers now. The pains are paroxysmal, often keep on for an hour at a time, and sometimes are so bad that they make him shriek out. They are not worse at night, but are always worse on a cold damp day, particularly when there is an east wind.

There is some want of co-ordination in the upper extremities. At times patient has considerable difficulty in writing with his usual freedom and precision, and has, on this account, often to postpone work. There is some uncertainty in his grasp. He is a long time before he can get hold of anything—a glass, for instance—and is then some time before he feels quite sure that he has got it. He can stretch out his arms at length, and keep them out steadily, even in the dark. There is no pain in the upper extremities.

There is a tendency to nocturnal incontinence of urine. Patient awakes with a desire to pass water, and unless he jumps up in a moment it runs away from him. The bowels are regular, and the motions are usually passed in small pieces not thicker than the finger. The appetite is poor, and patient suffers much from flatulence. Patient is married, and has had two children since his illness, one eight and the other four years ago. During the last two years, in consequence of his straitened circumstances, and from other domestic reasons, he has refrained from having connexion. There has, however, been no loss of inclination, but, on the contrary, a decided increase in the amount of desire. This is a constant source of trouble to him, and he has often great difficulty in restraining himself. He suffers frequently from nocturnal emissions.

Patient is very thin, but has not lost flesh lately, and there is no local wasting. There is no impairment of sight or hearing. There is no strabismus, but on the left side there is a little drooping of the eyelid, which patient thinks may have arisen from the contraction of his brows during his paroxysms of pain. Respecting any alteration in the mental condition no opinion can be given from personal observation, and there was no opportunity of consulting the wife or other relative. The patient is an educated man, and evidently a man of considerable power and ability. His description of his symptoms was given clearly, even graphically, but there was at times much difficulty and hesitation in answering questions, giving one the idea that there was probably a little mental degeneration. Patient states that his memory is unimpaired, and that his somewhat arduous duties are performed without difficulty.

On July 14th patient commenced taking the physostigma. From six to eight pills were usually taken in the twenty-four hours, but he being somewhat forgetful, it is to be feared that there was occasionally some little irregularity in this respect. In the three and a half months there has been a slight though decided improvement. Patient finds that he can walk better, and has less trouble in crossing the street and getting on to the curb. He can get up and down the stairs with less effort, and the steps at the door are ascended with decreasing difficulty. It is noticed that when patient walks the heels are brought down less forcibly. The walk is less characteristic of the disease. He says he now occasionally walks almost as well as ever. Only a few days ago he had sufficient confidence in himself to put his umbrella under his arm, instead of using it, as he usually does, like a walking-stick. The pains in the legs occur less frequently; thus he is now generally free from them all the afternoon and a great part of the evening, whereas formerly they were seldom entirely absent. In the upper extremities there is less improvement. The hands are still very shaky in the morning, a condition it is to be feared not entirely due to the disease. The medicine has not in any way affected the bowels. There has been a distinct improvement in the incontinence of urine. The patient is slightly though distinctly better in every way.

*Writer's cramp, complicated with slight loss of power.*—This was in some respects an irregular case. The patient is a clerk thirty years old, intelligent and well educated. He had been ill three months, and was rapidly growing worse. Both hands were affected, the right most, though the left was first attacked. After writing a short time the fingers are "drawn up" and cramped so that he cannot use them, and his hand starts so that "the pen would sometimes fly out of his fingers." His writing was very good, but now is so altered that his friends cannot recognise it. The fingers of both hands trembled a good deal, like paralysis agitans. He complained of severe numb and shooting pain in both hands, and compared it to neuralgia; the pain was most severe in the index-finger, and often kept him awake at night. The tip of the index-finger was very tender, and the pressure of the pen caused great pain. His fingers perspired very profusely. The forefinger of each hand was numb, and got much colder than his other fingers, the difference being so great that his friends noticed it on shaking hands with him. There was slight loss of power in both hands and forearms. There was no affection of speech, and his intelligence was unimpaired. He was ordered one thirtieth of a grain of extract of physostigma every two hours. He soon improved. At the end of the first week he reported that his hands were better, but that he had pain in his right foot, where it joined the toes, and that the great toe was numb and very sensitive to cold. After a fortnight the pain was much better—so much better, indeed, that he could sleep well. The tenderness at the tips of the forefingers was less. He wrote better, for writing caused less cramp and starting of the hand. His arms were stronger. From this time he steadily improved, the tremulousness with the cramps and startings of his fingers and hands left him, so that his writing gradually improved till it became as good as ever. The pain grew less, and at last left him; the numbness grew less, the perspirations ceased, the coldness decreased, the power in the hands and forearms returned, so that in six weeks he was vastly improved. At the end of ten weeks there only remained numbness of the thumb and index-finger of the right hand, which rather interfered with their usefulness. There was a little "deadness" in left thumb and index-finger, slight weakness of left forefinger, and slight coldness of right thumb and forefinger. We could not help attributing the improvement in this irregular case to the drug. Till he took the physostigma he was daily growing worse, and from the time of beginning it he steadily and continuously improved.

We are glad of this opportunity of thanking our friend Dr. W. H. Nethercliff, who kindly allowed us to conduct some of our observations on patients under his care at the Chelsea Infirmary.

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DONATIONS, &c., TO MEDICAL CHARITIES.—Mr. Godfrey Tallents bequeathed £500 to the Building Fund of the Newark Hospital and Dispensary. The Sheffield Public Hospital and Dispensary has received £200 (less duty) under the will of Miss Sarah Hall, and £50 under that of Mrs. Anne Taylor. The Gloucester Infirmary has received £100 under the will of Miss E. F. Webb, of Norton Court. Lord Waveney has given £100 to the Building Fund of the Norfolk and Norwich Hospital.

# DIAGNOSIS AND TREATMENT OF ACUTE DISEASES INDUCED BY ALCOHOL.

BY JOHN CURNOW, M.D.,
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(*Concluded from page 917.*)

DELIRIUM TREMENS is usually diagnosed very easily, but oinomania, a peculiar form of insanity induced by alcohol, which I shall presently describe, may be confounded with it. In cases of delirium from insanity, and not caused by drink, actual delusions, not mere terrors or hallucinations, are of primary importance. The delirium of acute fevers and pneumonia may be mistaken for delirium tremens; but the pyrexia, history, and physical condition will guide to a correct diagnosis if the possibility of error is remembered. In all cases of supposed delirium tremens, the chest should be carefully examined; for the general features of the delirium in many cases of asthenic pneumonia, and in the pneumonia of drunkards, are an exact counterpart of the phenomena of ordinary delirium tremens, and I have seen two such cases asphyxiated in a few hours by the exhibition of opium, although not in very large doses, and in both pneumonia affecting the lower lobes of the lungs was found on a post-mortem examination. Occasionally, also, the delirium of uræmic patients simulates the delirium of alcoholism, and the urine should be examined in every case, lest a dose of opium be incautiously given, and free sweating and purging be omitted. Delirium from fright or exhaustion presents many features of resemblance to delirium tremens, but the history is generally, if not always, forthcoming in such cases.

The following are the particulars of a typical example of delirium from combined fright and exhaustion which came under my observation. A temperate young man, aged twenty, was disturbed by a fire, and worked very diligently for several hours, during which period he partook of no food, and about two pints of beer and a little spirits. He returned home cold and wet, and for two days afterwards presented every symptom of delirium tremens, except that he was continually raving about the fire. It is not generally mentioned in text books, but it is very important to be aware of the fact that one form of delirium tremens is attended with marked pyrexia, and is frequently fatal.

Attacks of delirium tremens beginning with severe epileptic fits are considered by most modern French writers to be characteristic of absinthe-drinkers, for experiments on dogs, and careful observations on patients, have shown that these are constant phenomena in cases of poisoning by that liquid; but I have seen cases in which attacks of delirium tremens and of oinomania have begun in this manner, and when no absinthe had ever been taken. I was called in, a few years ago, to see a Welsh clergyman who had several severe epileptic fits in succession, and found that these were the precursors of his sixth attack of delirium tremens, and he subsequently told me that all his previous attacks had commenced in the same manner.

Oinomania, the delirium ebriosum of old writers, is a peculiar form of insanity, in which the patient breaks out into paroxysms of alcoholic excess, attended with furious, violent, strange, and frequently indecent acts due to apparently uncontrollable impulses. In one case with which I was acquainted, the patient, in several such attacks, was continually charging himself with having committed a rape during the paroxysm, although he was under constant supervision, and for part of the time was restrained by a strait-jacket. The attack lasts a few hours or days, and is succeeded by a long interval of sobriety and chastity. These patients have generally some hereditary taint; and not unfrequently evidences, though often slight, of a morbid mental state may be detected in the intervals if very carefully looked for. Such attacks of oinomania often lead to the more chronic forms of insanity, and the patient to whom I have just referred is now in an advanced stage of chronic dementia.

The treatment of acute gastric catarrh is very simple. The thirst is best allayed by giving a little ice to suck, plenty of iced water and iced milk. The vomiting may be combated by effervescing mixtures and hydrocyanic acid, and afterwards a saline purge is very valuable. All forms of alcohol must be rigidly proscribed; the diet must be of the simplest kind, and taken in a fluid form for a day or two. Passive exercise in the open air, or, if the patient be very vigorous, a brisk ride on horseback, is very beneficial. If the appetite does not speedily improve, alkalies, bitters, and carminatives are very useful.

In cases of acute coma the stomach should be at once emptied by means of the stomach-pump. Cold affusion, followed by energetic friction and the application of bottles filled with warm water, so as to keep up the temperature of the body, will generally revive the patient. If he is strong, a smart purge, or, if weak, a milder one, will be all the after-treatment that is necessary. I must enter a protest against the routine treatment of drunkenness too generally followed—viz., emetics or the stomach-pump, cold affusion, flecking the skin with a wet towel, and then the interrupted galvanic current. The patient, having grumbled out a name, and perhaps an address, is turned over to a policeman, who speedily consigns him to a cold cell to sleep off his symptoms. It cannot be too often insisted on that a drunken man is suffering from acute poisoning, and must be watched and treated accordingly. Delirium tremens must be differently treated in the young and in the old. In first attacks in young subjects complete abstention from alcohol, light and easily assimilated food (milk diet), moderate purgation, and occasionally tartarated antimony in doses of from one-sixteenth to one-eighth of a grain, very carefully watched, have been most efficacious in my hands. If the patient is restless for two or three nights in succession, thirty grains of bromide of potassium, or twenty grains of chloral hydrate, may be given every four hours for two or three doses; but as the disease in young people is spontaneously curable, sedatives must not be pushed. One or more experienced attendants should be always present, but no form of mechanical restraint is permissible, for it always shows a lack of proper attendance.

In older cases a mild purge should begin the treatment, and light but very nourishing food should be administered at short intervals. Milk, beef-tea, raw eggs beaten up with milk, strong soup and such articles, are to be given freely, and very small quantities of stimulants may be occasionally put into them, so as to coax the patient to take them; when by careful management and good nursing a very severe attack may be tided over, and natural sleep will return in from three to seven days. I remember one case in which the patient could not be induced to take food, but he took his medicine freely—viz., sixteen to twenty ounces in twenty-four hours. This was a mixture of Brand's essence of beef, mushroom ketchup, and brandy, and the patient was doing very fairly. But such a mode of deception scandalised a consultant, who ordered food undisguised which the patient never touched, and orthodox quantities of opium, which failed to quiet him, and on the third day after the change of treatment he died from syncope due to paralysis of the heart's action. The early administration of sedatives is to be deprecated, but should the restlessness persist, in spite of careful and assiduous feeding, a full dose of laudanum (thirty to forty minims) at bedtime is of great value. In the absence of albuminuria, lung-complications, or any sign of failure of the heart's action, I prefer this drug to other sedatives. If the opium alone fail, its combination with an alcoholic stimulant (brandy, whisky, or especially stout) often succeeds. If there be any tendency to syncope, if pneumonia should come on, and in cases complicated with shock, as in surgical injuries, a free use of stimulants is imperative. Hypodermic injections of morphia, and large doses of digitalis, have been recommended by many authorities; but I have seen them act most detrimentally, and I should now always hesitate to employ them. The cautious inhalation of chloroform vapour has occasionally cut short an attack by inducing sleep, but it much more frequently fails, and it has caused sudden death. Mechanical restraint is scarcely, if ever, necessary, provided the patient be properly nursed and attended to. Moreover a man will frequently take food from a female nurse, when he will refuse it from the hands of a male attendant. All methods of self-destruction must be carefully guarded against; and a padded-room, when available, is of the

utmost benefit, and there should be one in every general hospital. To sum up the treatment of delirium tremens, a patient may generally be guided through an attack; rarely is an attack cut short, and if any attempt be made to do this and it fails, such a mode of treatment is always prejudicial and may be fatal.

In cases of acute insanity from drink, restraint from violence and feeding are the main points to be attended to. I am very sceptical as to whether any drugs are of benefit; they ignominiously failed in the case I have mentioned—e. g., in the first attack, which lasted thirty hours, and was treated with blisters, salines, and tincture of hyoscyamus; in the second attack, which lasted twenty-nine hours and a half, and was treated with bromide of potassium freely and morphia hypodermically; in the third attack, which lasted thirty-three hours, and was treated with chloral hydrate and tincture of digitalis; and in the fourth attack, which was treated in a similar manner, and ended in chronic mania.

# A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

## BRADFORD INFIRMARY.

### LYMPHOMATOUS TUMOUR OF THE DUODENUM.

(Under the care of Dr. REGINALD G. ALEXANDER.)

JOHN S——, aged eighteen, brickyard labourer, was admitted on Aug. 4th, 1875, with a phthisical and strumous family history. He had always been delicate, and six years ago had sickness and vomiting after meals, which passed away in about six months; but ever afterwards he had had slight abdominal pains occasionally. Had had neither hæmatemesis nor melæna. Five weeks before admission he began to vomit everything he took, sometimes immediately, sometimes a couple of hours, after food; and at the time of admission he had pain immediately after food in the epigastric and umbilical region, which lasted until the food was rejected, when the pain ceased at once. He was very weak and emaciated; tongue pale and slightly furred; bowels regular; no jaundice. The abdomen was flattened and retracted, especially at the umbilicus, and in this region there was felt an irregular flattened mass, extending towards each renal region. This mass suggested the idea of fæcal matter in a portion of the small intestine. It was tender to the touch and inseparable from the spinal column, but distinct from the liver and spleen, and dull on percussion. The heart, lungs, and other organs were healthy. Urine sp. gr. 1035, strongly acid. Ordered beef-tea and milk, to be taken in very small quantities at a time.

On Aug. 6th an enema was followed by a small amount of scybalous nodules. Ordered an effervescing mixture. On the 9th vomiting was less frequent, but there was a burning sensation, as of hot air, rising from the stomach after food, and food seemed never to pass the umbilical region. On the 11th he was ordered ice to suck. Five days after he had neither pain nor vomiting after food. On the 18th he complained of a dry choking feeling in the throat, with difficulty in swallowing saliva; the appetite was failing, and emaciation increasing. Ordered three ounces of brandy and a little beer, which he desired to have. On the 31st there was œdema of the legs as well as purpuric patches on the body.

Up to Sept. 1st he had not vomited for a week, and had taken food well without any pain after it, but his appetite left him again in a week. Four or five days afterwards œdema of legs, more purpuric petechiæ, and ulceration behind lower lip occurred. On the 16th he became delirious, and complained of monkeys running off with his brandy, and of other hallucinations. Died at one o'clock.

*Autopsy, fifty-one hours after death.* By Mr. T. C. Denby, late junior house-surgeon.—No tumour visible on opening abdomen, but on throwing up transverse colon, a swelling, the size of a split lemon, was seen on the mesentery opposite the umbilicus. On tracing the small intestine upwards from the cæcum, the mesenteric glands increased in size as the duodenum was approached, and in this situation some of them were of the size of a marble, and, being matted together round the point of origin of the mesenteric vessels, gave rise to this tumour. These enlarged glands, on section, projected convexly, and resembled white brain-substance. The duodenum was normal in course and position, but the walls of its lower three-fourths were so thickened that they did not fall together, but formed a cylindrical mass, with smooth, glistening, and translucent peritoneal covering; there were no signs of recent or remote inflammatory action or infiltration. On section, the walls in thickness varied from a quarter to three-quarters of a inch, and in structure were formed of the same brain-like matter as the enlarged mesenteric glands. No ulceration of the mucous surface, and no appearance of softening or degenerative changes. The upper fourth of the duodenum was normal. Stomach not dilated, nor pyloric orifice affected.

*Remarks.*—The sickness and vomiting which took place six years before admission into the hospital seem to point to a threatening of the disease as a primary affection of the duodenum at that time. After lasting for six months the symptoms subsided, and were followed by a period of latency so common in malignant complaints before their full development. The structure of the new growths resembled medullary cancer, but differed from the true soft cancer in the following points:—1. Absence of milky juice. 2. No secondary deposits in the liver or elsewhere. 3. Absence of infiltration; the peritoneal covering was intact, and the muscular fibres could be plainly seen. 4. Unbroken mucous surface. 5. Natural calibre of canal. The microscope revealed the structure of lymphomatous tumour, small round cells embedded in reticular meshwork. As the lacteals, filled with nutritive fluid derived from the intestines, run along the mesentery and pass through the mesenteric glands, those enlarged and altered glands, and especially those at the entrance of the mesenteric vessels forming the mesenteric tumour, would obstruct the passage of the fluid in its course to the thoracic duct, and would thus partly account for the extreme emaciation (nutrition depending chiefly upon absorption of fluids from the stomach). At p. 417 of Wilks and Moxon's Pathology, 2nd edit., under the head of "Morbid Growths of Intestines," speaking of lymphoma, it is stated:—"The small intestine is very little subject to primary cancer, and when this does occur it nearly always has the form of lymphoma—that is, a structure almost identical with that of lymphatic gland; it always then affects the mesenteric glands, enlarging them enormously.....This kind of cancer has three chief peculiarities:—1. It rarely ulcerates. 2. It rather widens than narrows the canal of the bowel. 3. It shows very little disposition to undergo degenerative changes. To the naked eye it resembles medullary cancer; its growth is rapid." This rare case seems so thoroughly to bear out the truth of the above remarks, which are evidently the result of most careful post-mortem investigation, that we have ventured to quote them *in extenso*.

## CARDIFF INFIRMARY.

### A CASE OF SUPPURATIVE NEPHRITIS COMMUNICATING WITH LEFT LUNG; RECOVERY.

(Under the care of Dr. C. E. HARDYMAN.)

A. G——, an Italian, married, aged thirty-six, came under treatment on June 28th last. He stated that he had been in excellent health until about a fortnight before, when he was seized with pain in his left loin, with occasional shiverings, and that he felt generally out of sorts since. The pain was severe over the left kidney, and shot down the course of the ureter to the bladder, left groin, and left testicle. There was no swelling to be seen. The urine was of a deep red colour, clear, free from albumen and pus-cells. He continued much the same for some days, the temperature rising to about 102° in the evenings.

On July 10th he had a severe rigor; temperature 103°.

A slight swelling was now found in left loin. Urine still of a bright red colour, and contained a few pus-cells. Next day the swelling, which was much increased, with distinct fluctuation, was punctured with a needle attached to an aspirator, and about eight ounces of pus drawn off. In the night he had suddenly a severe attack of coughing, and expectorated a quantity of pus, about eighteen ounces, during the night. The left lung became dull on percussion all over, and moist crepitant sounds were heard all over both lungs, but most so over posterior and lower part of left lung. The cough became very troublesome, and the man continued to expectorate a quantity of pus.

A free opening was made in the left loin, a drainage-tube inserted, and a quantity of pus escaped. The lung-symptoms gradually disappeared, and expectoration became much less. Temperature fell to 100° in the evening. The urine was copious, and still remained of a bright red colour, and with but a few pus-cells discoverable. He went on well from day to day until the 15th of July, when the drainage-tube slipped out in the night, and the wound practically closed. The cough then became again most troublesome, and expectoration of pus increased. Moist crepitant sounds (which had in a great measure disappeared) were again to be heard over both lungs.

The opening in the loin was enlarged, and the drainage-tube carefully secured. From this time he rapidly improved, the wound continued to discharge, the chest symptoms gradually cleared up, and the cough was relieved. The drainage-tube was left in until the 26th, when all discharge had ceased, and there was no expectoration. The urine was now of a much lighter colour, copious, and free from pus-cells. The lungs were restored to their normal state with the exception of the base of the left lung posteriorly, which remained dull on percussion, and admitted but little air.

The treatment throughout consisted of fomentations and poultices to the loin; salines in the first instance, and bark and acid later on, with remedies to relieve the distressing cough. He took from the beginning a large quantity of milk, often as much as from ten to fourteen pints in the twenty-four hours. He is now (September 26th) in perfect health, but a small portion of the base of left lung is still dull on percussion, and the respiratory murmur very indistinct.

# Reviews and Notices of Books.

*An Inquiry into the General Pathology of Scurvy.* By CHARLES HENRY RALFE, M.A., M.D. London: H. K. Lewis. 1877.—The text of this pamphlet recently appeared in these pages, and Dr. Ralfe has done well to republish it in its present form. It is an example of careful chemico-physiological research upon the nature of an affection which takes rank among the group of diseases depending on altered blood-conditions, about which there can be no question as to their etiology. Opportunities now rarely, if ever, occur in which the blood itself can be analysed in quantity sufficient to draw safe conclusions, and Dr. Ralfe has drawn his deductions from analyses of the urine, comparing the composition of this excretion in health with that afforded by it when the subject is put upon a diet deprived of fresh vegetables; and these again compared with the urine in scurvy. So much has already been learnt concerning blood-conditions in other diseases from careful examination of the changes produced in the urine, that conclusions drawn from this mode of research as to the state of the blood may fairly be accepted as facts. The author, pushing the matter further still, contrasts the urinary changes with the composition of scorbutic and antiscorbutic diets, and concludes that in scurvy there is a diminution in the alkalinity of the blood. This diminution of alkalinity does not depend solely upon the withdrawal of potash, as Dr. Garrod was the first to point out, but upon a re-arrangement, so to speak, of the comparative quantities of the acid and alkaline salts. There is, in fact, an increase of the acid salts—chiefly urates—in the blood, and a withdrawal of salts having an alkaline reaction. The scorbutic condition, characterised by dissolution of blood-corpuscles and degenerative changes in the muscular tissues and in the renal and hepatic cells, can be induced artificially in animals by the simple injection of acids into the blood, or by other means whereby the normal alkalinity of this fluid is diminished. The clearness and force with which the author states his case add to the value of a very creditable contribution to pathology.

*Revue Mensuelle de Médecine et de la Chirurgie.* No. 11. November, 1877. Paris: Baillière.—This number contains much interesting matter. The first article is on the Etiology of Typhoid Fever, by Dr. Bouchard, and was read before the International Congress at Geneva. After reviewing the three doctrines of spontaneity, infection, and contagion, the author concludes that both infection and contagion are too exclusive, and that the doctrine of fæcal origin is too limited, whilst that of spontaneity is not proved. He holds rather that typhoid is a specific miasmatic fever; that the *materies morbi*, not necessarily arising from a previously infected organism, may impregnate the air, the soil, or water, and may be disseminated by man, by contaminated objects, by air, and especially by water taken as food. Defective drainage operates as agent of infection or of contagion. M. F. Perrier writes on a case of Unilocular Ovarian Cyst opening into the intestine. Dr. Sorrel produces a new scheme for the Classification of Epidemic, Infectious, and Contagious Diseases. M. Lépine contributes a paper on a case of Abscess of the Anterior Lobes of the Brain following an affection of the nasal fossæ; and Dr. Gibert discusses two cases of Petechial Rheumatism, one of the cases being complicated with intestinal and renal hæmorrhage, and ending fatally from renal disease; the other, in whom the purpura was extreme, was also complicated with melæna and hæmaturia. This patient recovered, and, since recovery dated from the commencement of a course of quinine, the disease was possibly due to malarial causes. M. Oulmont summarises M. Charcot's lectures on Tuberculosis of the Lung and Caseous Pneumonia from his course of pathology at the Ecole de Médecine this summer. And the number concludes with a notice of a work by Dr. Hennequin on Treatment of Fractures of the Femur by Continuous Extension, and a brief obituary of Professor Wunderlich.

*Richerche per Determinare quali sieno i Nervi Vasomotori che fanno affluire largamente il Sangue nei Gangli Vasali e nelle Ghiandole.*—These researches, undertaken by Signor Socrate Cadet with a view to determine what are the vaso-motor nerves which cause a rapid flow of blood (during the active performance of their function) to the vascular glands and to secreting glands, are published in the Proceedings of the Reale Accademia dei Lincei, anno cclxxiv. M. Cadet points out that smooth muscular fibre enters into the structure of the veins as it does into that of the arteries. He shows also that in the veins the fibres run for the most part in a longitudinal direction; and lastly he shows that these fibres are well supplied with vascular nerves. The function of these nerves, he suggests, may be to cause contraction of the longitudinal muscular fibres, and thus to effect the enlargement of the lumen of the veins, which may in this way come to exert an aspiratory force on the blood in the capillaries, and through them on that in the arteries.

*Transactions of the American Gynæcological Society.*—The American Gynæcological Society is a national society whose object is the promotion of knowledge in all that relates to the diseases of women and obstetrics. The number of its fellows is limited to sixty. Its meetings are held annually,

and each meeting lasts three days. The papers read and the discussions upon them are reported. The volume before us forms the Transactions of the first meeting of the Society. It contains several papers of very great value, among which we would mention the Etiology of Flexures, with their proper treatment, by Emmet; Extirpation of the functionally active Ovaries, by Batty; Central Rupture of the Perineum, by Matthews Duncan; the Relations of Pregnancy to General Pathology, by Robert Barnes; Latent Gonorrhœa, by Noeggerath; and others. The President's (Dr. Fordyce Barker's) Address is a brief sketch of the progress of gynæcology during the previous hundred years. It possesses not only the interest inherent to the subject, but also the charm of elegant vigorous writing, and it is moreover full of useful suggestions for future investigators. The volume is a valuable contribution to the literature of gynæcology, and augurs well for the future of the new Society.

*La Independencia Médica* (Barcelona).—The earlier numbers of this journal for the present year contain clinical essays on Pellegra and upon Venereal Coxalgia, by Dr. Juan Giné, and an interesting case is given by Dr. Carreras y Aragó, of a captain in the Carlist war who received a ball in the back of the neck, which emerged at the mastoid process. Diabetes and cataracts supervened. The latter were operated on successfully.

*Almanacks, Diaries, Pocket books, &c* — Among useful annuals of this class may be mentioned the following:—A wallet bound in Russia leather, capacious, and fitted with the visiting list. A metallic diary, well made, for the breast-pocket, with ample room for daily memoranda. A cloth-bound desk diary, providing an abundance of writing space. One of smaller size for the pocket. A pocket diary about the dimensions of a visiting list, and handy. The full-size Rough Diary, bound, and in paper, with a smaller edition. These are by Letts, and no special recommendation is required.—"The British Almanac and Companion" (Greenhill) comprises a mass of valuable information in small compass, conveniently arranged.—Lette's Patent Liquid Ink Pencil is an ingenious and likely to prove a serviceable instrument, which to the advantages of the pocket pencil adds those peculiar to ink-writing. The apparatus, which resembles an ordinary propelling pencil-case, is, in fact, a pen self-supplied with ink. The article is certain to command attention as it meets a need. To medical practitioners the "Liquid Ink Pencil" will be especially valuable for note-taking.

## "LECTURES, BOOKS, AND PRACTICAL TEACHING."

*To the Editor of* THE LANCET.

SIR,—An an old student of Dr. Gairdner's, permit me to say a few words from a student's point of view on the subject of his late introductory address on "Lectures, Books, and Practical Teaching." I may explain in palliation of my seeming presumption in venturing to question any of the *dicta* of my old and highly esteemed preceptor in medicine, that I am, or at least was, a practical teacher myself, and as such made it my special study to find out, if possible, the best methods of learning and communicating knowledge to others.

In the system of teaching by lectures, the professor learns the daily lesson, and says it to the students, instead of the students learning it and saying it to him. This may be the way to develop the professor's own mind; but I venture to say it is not the way to make thoroughly grounded students; just about as far the reverse as possible. The earnest, hard-working student, who really wants to learn, finds that to him it is like taking away the key of knowledge; the professor, indeed, entering in, but he himself left out. The idle, careless, and lazy, as well as the dull and stupid, find in it, on the other hand, a veritable fool's paradise. The master says the lesson; all that is required of them is to listen. The student comes to the class day after day without any sort of preparation, bringing with him, perhaps, a note-book or a piece of paper and a pencil or a pen. Should he be ever so desirous of profiting by the instruction he receives, unless he is a *verbatim* shorthand writer, which not one in a thousand is, he can at best carry away but a very garbled summary of the lecture he has heard, and he is remarkably clever if he can make anything like a connected story of it afterwards. If he does succeed in making sense out of it, ten chances to one it is not the sense the lecturer meant to convey, as, owing to the numerous errors and omissions made in the hurry of taking notes, mistakes are unavoidable. Who will maintain that these garbled notes "can rise above the usefulness of a text-book"? Yet these are all that the most diligent student has to fall back upon, after "the systematic lecture informed by the spirit of a living man" has been once delivered. Would not the most ordinary commonplace text-book in the market be a more reliable, as well as a much more intelligible, guide than these?

I could understand the admissibility, even the advisability, of this system of teaching three or four hundred years ago, when text-books were not to be had; but its continuation in the present day is utterly indefensible. It is good for nothing, in my opinion, but affording the professor an opportunity of daily airing his own superior knowledge before his raw uninformed students. If the lecturer thinks he has got something to impart which far transcends anything to be found in text-books, why not get it printed (from time to time, as he prepares it, if he chooses), require his students to provide themselves with copies, appoint daily the lesson for next day, examine students on that lesson, the names being selected at hazard, and give them marks according to the appearances they make?—these marks to enter as factors into the terms which regulate the granting of certificates at the end of the session. Then, at the close of the lesson, let him supplement, illustrate by specimens, drawings, models, experiments, &c., and perhaps, if time permit, summarise the whole into small compass. In this way it would be about as difficult for a student to pass through a class without knowing well the work of it as it now is for him to know anything at all about it.

But there is another aspect of the question. Which of those two methods of teaching is best calculated to give a man those habits of study and accurate observation which combine to form the sound judgment so indispensable to the skilful physician or surgeon, who is constantly being called upon to advise men, not in affairs of little consequence, but on matters of life and death? Is it the present system, or such a one as I have above indicated? I fearlessly assert that the lecture system is pure *cram*; and "the more you have reason to have a living faith in the lecturer and in his ability to guide you aright," the more it is cram, for you are the more disposed to give a blind credence to all his utterances and the less to investigate for yourself; "to prove all things, and hold fast that which is good." The result of the system is that, in the majority of cases, as soon as men "have passed," their studies are at an end. Having never been trained to study, but only to listen to lectures, as soon as the lectures cease their studies (?) *ipso facto* cease too. Enough was crammed into them to pass, and that's enough.

Is there any other profession or trade which men can walk into by a royal road with their gloves on, where the student goes idle and master does the work? How would it suit, for example, in engineering, either civil or mechanical? Nothing but a thorough knowledge of the subject, obtained by self-application, both with head and hand, will do there. Is medicine, which has to do with the issues of life and death, a less important study than these, that the superficial knowledge which listening to lectures can give is deemed sufficient for it?

I have no hesitation, therefore, in giving it as my decided opinion that the best system of teaching medicine is not the lecture system.

I am, Sir, yours,

Whithill, Dec. 14th 1877. J. DIAMOND, M.D.

# THE LANCET.

LONDON: SATURDAY, DECEMBER 29, 1877.


THE writer of a summary, who believes that the facts he has to relate are of interest, does best to interpose but briefly between his readers and his facts. Accordingly, we proceed at once to the great record of the year.

In Histology H. TILLMANNS has furnished evidence of the fibrillar structure of hyaline cartilage, whilst LÖWE has written an elaborate paper on the Histogenesis of Tendinous Tissue, HELFERICH one on the Development of Bone, and BOETTCHER a valuable memoir on the Minute Structural Relations of the Red Blood-corpuscles — a translation of which will be found in the last part of the *Quarterly Journal of Microscopical Science*, which also contains an article by Prof. RAY LANKESTER on the Embryology and Classification of the Animal Kingdom, in which he adopts a modification and extension of HAECKEL'S gastrula theory.——The four parts of the *Journal of Anatomy and Physiology* published in the course of the last twelve months contain many more English memoirs and papers than we have space to mention here, which indeed is the less necessary as notices of them have appeared from time to time in our columns as the several parts of that journal have been published. We may, however, allude to Mr. BALFOUR'S continued researches on the Development of Elasmobranch Fishes, to Mr. SCHAEFER'S contribution to the history of the Development of the Guinea-pig, and to Mr. MARSHALL'S account of Early Stages of Development of the Nerves in Birds, which collectively constitute a valuable accession to embryological literature; to the therapeutico-physiological investigations of Professor GAMGEE, Mr. LARMUTH, and Mr. PRIESTLEY on the Action of Vanadium, Phosphorus, and Chromium on the System, and those of Prof. RINGER, Mr. MURRELL, and Mr. BURY on sulphate of atropia, salicin, and potassium chloride, iodide, and bromide; and to several papers on Comparative Anatomy, including Dr. CUNNINGHAM'S Spinal Nervous System of the Porpoise, Mr. BRIDGE'S Cranial Osteology of Amia Calva, and Mr. HERBERT CARPENTER'S essay on some points in the Anatomy of Pentacrinus and Rhizocrinus.——On the subject of Respiration, PAUL BERT, well known for his researches in this department of physiology, has published a large work entitled "La Pression Barometrique," in which he has entered into a full discussion, with much historical detail and an account of many experiments, of the effects of variations of pressure on the body of man and animals. In the course of this he shows that the observed effects of diminished pressure are exclusively due to a diminution in the tension of the oxygen in the air, and consequent predisposition to asphyxia; whilst, on the contrary, increase of pressure up to three atmospheres occasions more active intra-organic changes, and when the pressure reaches five atmospheres the oxidising processes either cease or become modified in such a way as to be inconsistent with the maintenance of life. GRANCHER has given a minute description of the lymphatics of the lungs, dividing them into peri-lobular, peri-infundibular, and peri-alveolar. GUTTMANN has investigated the movements of respiration, and FRICKER and OERTMANN the influence of the mechanical acts of respiration, on the metamorphosis of tissue, in which they show that the absorption of oxygen is independent of the mechanical acts.——NOTHNAGEL and MEYNERT have continued their investigations on the Brain, and LUSSANA and LEMOIGNE have published the results of a long series of researches on the encephalic centres, in which they state that, although able to produce the most varied movements by electrical excitation of the cortex, their mechanical excitation was invariably without result, and it would appear that the centra are either not developed or inoperative in very young animals. Excision of the supposed centra was followed by paresis, but only of a temporary and transient nature. They strongly oppose the view maintained by LUYS that the optic thalami are the seat of the sensorium commune.——In regard to the functions of Digestion, PASCHUTIN showed some time ago that the diastase of saliva can only convert a limited quantity of starch into dextrin and sugar, and NASSE has this year demonstrated that under the influence of saliva, starch, glycogen, and the achroo-dextrine of BRÜCKE are severally converted into a sugar which possesses only half the ordinary reduction power over copper oxide in alkaline solution as compared with grape sugar, is much less soluble in alcohol than glycose, and is converted into glycose on boiling. This sugar NASSE terms ptyalose, and he points out differences between the ptyalose of starch and of glycogen and the maltose of barley. The discovery of lactic acid in the gastric juice by some observers, and of hydrochloric acid by others, appears to find its explanation in the researches of RICHET, who, from his investigations of the gastric juice by a new and peculiar method suggested by BERTHOL, has arrived at the conclusion that when perfectly fresh the gastric juice contains only mineral acids, but that after standing for some time a kind of fermentation is set up in which much free organic acid is formed that on analysis proved to be lactic acid; and there can be no doubt that lactic as well as acetic and butyric acids are often either introduced into the stomach or are formed in it as a product of fermentation. HOPPE-SEYLER, in the just-published part of his "Physiological Chemistry," when speaking of the process of gastric digestion, adopts VON WITTICH'S statement that the digestion of fibrin begins with a rapidity and continues with an activity proportionate to the quantity of pepsin present. He maintains also that the essential action of the pepsin is the transference of acid to the molecule of albumen, and that the activity of the pepsin is not continuous, though the process of conversion of albuminous compounds into peptones has nothing to do with its decomposition and disappearance, which depends on other and unknown causes. There can be no doubt, however, that a very small quantity of pepsin is capable of effecting the metamorphosis of a large quantity of albumen. BRIEGER has made some careful observations on the Fæces. In those of man as well as in those of the dog fed on meat he finds indol, phenol, and a large quantity of skatol—a substance previously obtained by SECRETAN in meat kept for six months under water. It is a crystalline substance of extremely disagreeable pungent

odour, and composed only of carbon, hydrogen, and nitrogen; it is not identical with Marcet's excretin. —— The discussion between Bernard and Dr. Pavy in regard to the conversion of glycogen—which both admit to be present in the liver—into sugar, has been carried on in part in the columns of this journal, and the last word does not yet appear to have been said. Important observations have been made on the vaso-motor nerves by various experimenters, as by Gaskell, Grutzner, and Heidenhain. Mr. Gaskell, in a paper which was read before the Royal Society, showed that in division of the motor nerves distributed to the mylo-hyoid muscles of frogs, certain vaso-motor nerves are divided, the stimulus of the incision causing an immediate dilatation of the vessels and an increase in the blood-current. This, however, only lasts for a short time, and the flow again resumes its normal characters. The increase in the size of the vessels in some instances amounted to double their normal diameter. The account of the experiments is followed by a very interesting discussion on the theory of active and passive dilatation of vessels, in which Mr. Gaskell, without supplying absolute proof, adduces strong evidence in favour of the existence of vaso-dilator fibres, the stimulation of which causes the dilatation in question. Heidenhain believes his experiments point in the same direction, but warns observers that it is dangerous to draw conclusions from the behaviour of the bloodvessels of cold-blooded animals and apply them to warm-blooded animals, since there is reason to think that the laws of vascular innervation are not identical in both. By far the most interesting discovery of the year from a physiological point of view is that made by Boll, which has now received corroboration from many independent observers, that the retina, or, more correctly speaking, its bacillar layer, possesses in health a peculiar red colour, which is constantly being destroyed by the influence of light, and is as constantly being regenerated by the ordinary processes of nutrition. It has hitherto been overlooked in consequence of its rapid disappearance after death, a few seconds' exposure to the bright light of day being sufficient to decolorise it. It is retained, however, for a considerable period if the retina be prepared and examined by monochromatic light. The "vision red" or "erythropsin," as its discoverer names it, attains its maximum after a night's rest and sleep, or when an animal has been kept for some hours in darkness; it is soluble in solutions of the biliary acids and in glycerine, and probably plays a part in the production of the red reflection from the fundus of the eye seen on ophthalmoscopic examination, as well as, in all probability, in the ordinary acts of vision. In the department of Anatomy and Physiology the principal new works that have been published in English are Michael Foster's "Physiology," Huxley's "Anatomy of the Invertebrata," Parker and Bettany's "Morphology of the Skull," Thin's "Histology," Darwin's "Forms of Flowers," and the several articles in the "Encyclopædia Britannica." In French, Haeckel's "Anthropogenie," the twelfth volume of Milne-Edwards's "Physiologie," Quatrefage's "L'Espèce Humaine," Topinard's "Anthropologie," Pouchet and Ranvier's "Histologie," and the two great dictionaries of medicine now approaching completion, both containing many anatomical and physiological papers of value. In German, Hoppe-Seyler's "Physiological Chemistry," Toldt's "Histology," the second volume of Wundt's "Mechanik der Nerven," Gscheidlen's "Physiologische Methodik," and a magnificently illustrated work by Messrs. Key and Retzius "On the Anatomy of the Nervous System," and Dubois-Reymond's "Muskeln und Nerven." New editions have appeared of the standard works of Dalton, Frey, Heath, von Gorup-Besanez, and others.

The year that is closing has passed without any of those startling and revolutionary discoveries in Pathology which have marked many of its predecessors. Probably the most important feature in the year's work is the progress which has been made towards the establishment and diffusion of the opinion that minute organisms are concerned in the process of acute infectious disease. In this country the facts were laid before the profession with remarkable lucidity by Dr. W. Roberts, and some of the researches on which his address was founded, notably those of Heydenreich on the relation of minute organisms to relapsing fever, have been published within the year. The further researches of Pasteur on the bacterial origin of charbon deserve also especial mention, while the work of the year in this direction has been fitly closed with the able lectures of Dr. Burdon-Sanderson. Little other work has been done in the pathology of the specific diseases, but the researches of Chauveau have shown that the horse is peculiarly receptive of the vaccine virus, and is capable of reproducing it in remarkable purity and force. The researches on the pathology of the nervous system have been mainly directed to the corroboration and extension, and we must add to the refutation, of the doctrines of cerebral localisation, which have occupied so much attention in preceding years. On the one hand must be signalised the careful collections of facts which have been made by Charcot and Pitres, and by Achille Foville, jun., and on the other the continuation of the researches by Dr. Brown-Séquard which have appeared in our own columns. The demonstration by Berthelot of the fact of nerve regeneration in the human subject is also important. In the pathology of the vascular system may be mentioned the researches of Giovanni on the manner in which lesions of the vaso-motor nerves cause atheroma and other vascular changes, and on the arterial lesions in syphilis by Lancereaux. The effect on the circulation of artificial hydræmia has been investigated by Cohnheim and Maas, who have shown that while peritoneal effusion and intestinal flux result, subcutaneous œdema does not, unless some local irritation is superadded, and they, therefore, consider that changes in the vascular walls must be a factor in its production. The pathology of pernicious anæmia has been amplified by the publication of many cases which have, however, added little that is new to our knowledge of the morbid state. Of changes in other organs, perhaps the most noteworthy investigations have been those on the circulation through the kidney in disease by Thoma, and on the effect of diminution in the supply of blood in causing degeneration of the renal epithelium by von Platen. We may notice, too, the cases described by Dr. Fenwick, characterised by anæmia, in which the only lesion found post mortem was atrophy of the glandular structures of the stomach. Of

researches on the more special questions in pathology, we may note the investigations into the mechanism of œdema in inflammation by LASSAR, and into the temporary growth of neoplastic emboli by CONHEIM and MAAS.

The increasing recognition of Therapeutics, as, after all, the most important branch of medicine, has been well sustained during the year. In the domain of surgery cures and recoveries are increasingly regarded as the criteria of excellence, rather than boldness and brilliance of procedure. We have elsewhere alluded to surgical therapeutical work. In the region of medical therapeutics facts accumulate to make physicians more and more hopeful of their work and more diligent in studying means of cure. The most conspicuous topic in recent therapeutics relates to the action of salicin and salicylates in acute rheumatism. In the summary of last year we noticed Dr. MACLAGAN'S discovery, and the cases which seemed to confirm it. This year these medicines have been subjected to a most extended experiment and discussion, and, after allowing for a few failures and disappointments, the result would seem to be a demonstration that a large proportion of cases of acute rheumatic fever are curable by these medicines in as many days as it formerly took weeks. There is more room for difference of opinion as to their use in subacute rheumatism, in typhoid, and other pyrexial or subpyrexial states. But even in these there is reason to hope that we have not got to the end of their utility. Salicin has been found curative of ague by Dr. THOMSON, of Peterborough, and Dr. MACLAGAN, of Dundee, has shown that it will cure coryza, and some cases of neuralgia, in which quinine has failed. The use of sulphate of zinc in chorea, in larger doses than have generally been given, was shown to be curative in a paper in our columns by Dr. W. HOWSHIP DICKINSON. The advantage of ergot in labour has been the subject of many letters to us. The general conclusion is that ergot maintains strongly its reputation for producing uterine contraction, and is more than ever valued by accoucheurs, though they differ still as to the respective strength of the different preparations. A very satisfactory illustration of the power of ergot over the muscles of bloodvessels was given by Dr. COGHILL in a case of very large bronchocele, greatly reduced by the use of injections of ergotin. The use of cold baths in typhoid has not had any large illustration yet in this country. The largest was recorded by us in June, in an admirable paper by Mr. SHIRLEY FORSTER MURPHY, in which he gave the results of the bath in the London Fever Hospital. Practically his conclusion was that its early and systematic use would so reduce the pyrexia as to save a large number of cases that would otherwise die "worn out by continued pyrexia." Our Paris correspondent in his letters also gave a favourable account of the action of cold baths in the epidemic of typhoid in Paris. The control of medicine over pyrexial states might be thought to end with such diseases as rheumatic fever or typhoid, or other conditions essentially limited in regard to time, and not tending in a large proportion of cases to death. But our columns this year raise our hopes that even the *tubercular pyrexia* is not so much beyond the control of medicine as we have been accustomed to think. In March Dr. MCCALL ANDERSON, of Glasgow, recorded cases of tubercular peritonitis and of acute phthisis to all appearance cured—i. e., arrested in their tendency to death through treatment by iced cloths, atropine, quinine, opiates, support, pancreatic emulsion, cod-liver oil, &c. Such cases require to be multiplied before any inference can be confidently drawn from them. But they are exceedingly important and promising. The "most wonderful power of controlling, if not actually curing, many forms of tubercular disease," was claimed for the chloride of calcium by Dr. ROBERT BELL, of Glasgow. But we shall need to have more cases, and those more minutely detailed, before we can feel convinced that such virtues reside in a few grains of chemical substance. The late epidemics of small-pox have not resulted in any very valuable contributions to the therapeutics of the disease. Mr. ENGLEDUE PRIDEAUX gave an account in THE LANCET of July 28th of the treatment of a few cases in the Small-pox Hospital, which he stated resulted in almost entire absence of pitting in confluent cases, and in the reduction of the number of cases of confluency. The chief features of this treatment were the use of the cold bath daily in the first stage of the disease, and the internal administration of salicylates. The pustules, when ripe, were pricked and painted over with a mixture of glycerine, gelatine, and carbolic acid. A correspondent claimed the credit of this treatment for Dr. WATSON, of Dresden. Three decided cases of traumatic tetanus, one having a temperature of 108°, were cured by chloral hydrate. A case in which life was saved by transfusion is always worthy of record in a medical history of the year, especially when the giver of blood, as well as the operator, is a member of the profession. Mr. CHARLES CAMERON was the generous donor in a case of successful transfusion in post-partum hæmorrhage by Dr. CORY. Beyond a feeling of want of energy for a few days, and an extensive ecchymosis on the forearm, Mr. CAMERON felt no inconvenience.

One of the most conspicuous characteristics of modern Surgery is the attention which is paid to diseases of the vascular system. The literature of aneurism seems to grow larger every year, and we must therefore, instead of quoting the cases, refer our readers to the index for the headings of the most important cases. Aneurisms in the extremities have been treated by complete temporary arrest of circulation with exsanguination of the limb by means of ESMARCH'S elastic bandage; by compression, both digital and mechanical; by ligature, with and without antiseptic precautions; by bloodless ligature; and by flexion; but it is in the mode of treating internal aneurisms and aneurisms affecting large arteries near the trunk that most progress has been made. Several cases of cure of innominate aneurisms by distal ligature have been recorded. Whether the interest will be maintained will depend very much on the nature of further experience of the catgut ligature. Hitherto the results obtained with this kind of ligature have been somewhat conflicting. Some surgeons have found it uniformly effectual and safe, while others have met with disappointment. The influence of the venous circulation in the production of some diseases which affect the lower limb has been elucidated by Mr. GAY in his original investigations of the structure and arrangement of the veins in the lower extremity. The literature of the surgery of the bones

joints, and tendons, has been enriched by many valuable contributions: on the subcutaneous section of the neck of the femur for anchylosis of the hip-joint, with malposition of the thigh, by Mr. ADAMS and Mr. BRYANT; on dislocation of the hip-joint, by Mr. MORRIS; on a successful case of stitching with catgut of an ununited tendo Achillis, by Mr. ANNANDALE; and on treating curvature of the spine by extension and support in a plaster-of-Paris jacket by Dr. SAYRE, of the United States. Professor PIRRIE, of Aberdeen, reported an interesting case of compound fracture of the cranium, with impaction of bone and extensive destruction of brain-substance, successfully treated; extirpation of the kidney has been successfully performed by Mr. JESSOP, of Leeds; and Mr. GEORGE LAWSON performed abdominal section in a case of extra-uterine fœtation, but the case proved fatal. In consequence of the death of Sir WILLIAM FERGUSSON a vacancy occurred at King's College Hospital, which, after a time, was filled by the appointment of Mr. LISTER to a special chair of Clinical Surgery. This event has already exerted some influence on the practice of surgery in the metropolitan hospitals. Emboldened by strong faith in the antiseptic mode of dressing wounds, Mr. LISTER has, during the past few months, ventured on some daring feats in operative surgery. As the details of some of these cases will shortly be published, they need not be noticed here. A few weeks ago some cases were recorded of removal of the jaw for malignant disease, by THIERSCH, of Leipsic, in which "mixed narcosis" was employed to produce anæsthesia. This method was suggested by Professor NUSSBAUM some years ago, and consists of giving a subcutaneous injection of morphia before administering chloroform. It is alleged that by this means insensibility to pain may be produced before consciousness is abolished. Some trials made at University College Hospital, and reported in our columns, were only partially successful.

In the Gynæcological department the most noticeable fact of the year is the development of the perfection of ovarian surgery. Ovariotomists have always had shrewd fear of hospitalism in their operations. But Dr. BARNES has shown that ovariotomy can be done successfully in hospitals under antiseptic influence. He performed ovariotomy in St. George's antiseptically, and Mr. CHAMBERS informed us that he had done the operation under antiseptic conditions in the Chelsea Hospital for Women. The case was complicated with a rupture of the bowels for two inches. This was closed with a continuous suture, and the case made an excellent recovery. The cases of ovariotomy the success of which surprises us most are those in which the operation is done while the patient is in a state of pyrexia. Dr. JOHN WILLIAMS had a very successful case of this kind, which we hope to publish shortly. But Mr. THOMAS KEITH has told the profession through our columns that he has now operated fourteen times in cases of acute suppurating or putrid cysts. All looked very hopeless, but all but two recovered.

The cases reported in the Mirror of Hospital Practice have been numerous and varied. Although all the cases have been carefully selected, some naturally possess more interest than others. A large number of cases have been published showing the value of salicin, salicylic acid, and the salicylates in acute rheumatism and other febrile affections. The following are among the more notable medical cases which have been recorded:—Illustrations of the value of general or local bloodletting in pneumonia, by Dr. GEO. JOHNSON; leucocythæmia, by Dr. HENRY THOMPSON; CHEYNE-STOKES' respiration in typhoid fever, by Dr. ANDREW; farcy, by Dr. DICKINSON; ague with retinal hæmorrhages, by Dr. STEPHEN MACKENZIE; mania with exophthalmic goitre, by Dr. REES WILLIAMS; abdominal aneurism with floating kidneys, by Dr. CHARTERIS; remarkably infrequent pulse and syncopal convulsions, by Dr. BRADBURY; extravasation into the pons Varolii, by Mr. SPANTON; scirrhus of the prostate, by Dr. DICKENSON (Liverpool); amenorrhœa from atrophy or absence of genital organs, by Dr. MATTHEWS DUNCAN; double uterus and vagina complicated with fibroid tumours and absence of one kidney, by Mr. JOHN CLAY. The surgical cases of interest have been not less numerous, but the following are especially noteworthy:—A series of cases of dysphagia, in two of which gastrostomy was performed by Mr. BRYANT; another case of gastrostomy, by Mr. CALLENDER; and a third, which was permanently successful, by M. VERNEUIL, of Paris; removal of a large bronchocele, by Professor SPENCE; malignant growths treated with PAQUELIN's thermo-cautery, by Mr. ANNANDALE; femoral aneurism cured by application of ESMARCH's bandage, by Mr. WRIGHT, of Nottingham.

In the College of Physicians the year has been uneventful. For all that, perhaps because of the fact, the College has been usefully employed in the discussion of important subjects, such as the admission of foreign graduates to the examinations of the College, the advice to be given to the Government on the subject of leprosy, &c. Dr. J. RISDON BENNETT was unanimously elected President of the College. The College, like all the other examining bodies of England, has agreed to the Conjoint Scheme.

The affairs of the Royal College of Surgeons of England have had more than usual interest this year. The new Conjoint Scheme has been accepted, and Sir JAMES PAGET and Mr. SIMON have been appointed representatives to the Committee of Reference. The Council have refused to accede to the proposal of the Association of Surgeons practising Dentistry, that all teachers of dental anatomy and surgery shall be properly qualified practitioners; and have recently approved a Bill for the registration of all dentists, irrespective of any qualification except that of having been engaged in the practice of dentistry for a certain time. A memorial recently presented by a large number of teachers in physiology, asking that examiners in this subject should be appointed whether Fellows of the College or not, has been rejected. In deference to the wishes of a large number of Fellows, the proposed alterations in the regulations have been postponed. His Royal Highness the Prince of WALES honoured the College by his presence at the delivery of the Hunterian Oration by Sir JAMES PAGET in February. The only change in the professorships is the appointment of Mr. SPENCER WELLS as Hunterian Professor of Surgery. At the annual election Mr. ERICHSEN was re-elected and Mr. SAVORY and Mr. TIMOTHY HOLMES were elected members of the Council.

At the recent election of members of the Board of Examiners all the members of the previous Board were re-elected except Mr. BIRKETT, who retired; Mr. WAGSTAFFE was elected to fill this vacancy.

The General Medical Council had its annual meeting in May, beginning on the 10th, and sitting for no less than thirteen days. The principal subject which called for the attention of the Council was that of medical education, as illustrated in the fact of the large numbers constantly rejected by the examining bodies. The Council being "The Council of Medical Education," and having been accumulating for twenty years the data necessary for forming opinions as to the faults of the present system of teaching, was expected to deal thoroughly with this great subject. But thoroughness is not the *forte* of the Council. It is made up too much of those who are bound by traditions and the interests of the bodies which they represent. It soon became evident that the conclusions reached would be inadequate, and out of all proportion to the time and the amount of discussion spent over them. The only important suggestions which arose out of the long sitting of the Council, for the improvement of medical education, were—one in favour of three professional examinations in future, and another to the effect that no examining body should exact more than one course of lectures from a student on the same subject. Another subject to which the attention of the Council was drawn was that of the international recognition of degrees and diplomas. The question arose out of a proposal in France to prohibit all persons from practising medicine in that country who had not passed an examination before the French examining bodies. The Bill was withdrawn, but the subject is not disposed of. The Council very properly advised our Government, in amending the Medical Act, to give powers to the Medical Council to recognise certain foreign and colonial degrees when they are of such a nature as to confer the right of practice in the countries giving them. The Obstetrical Society in the course of the year prepared a Bill for the better instruction of midwives. They proposed in this Bill to place the control of the education and examination of midwives under the Medical Council. The Bill was referred by the Lord President to the Medical Council for its consideration. There was much difference of opinion in that body, and the matter was disposed of by the Council recommending, first, that means should be adopted for giving credentials of qualification to competent midwives; and, secondly, that the lives of women in labour should, as far as practicable, be protected from the incompetent. The Council gave its sanction to a Conjoint Scheme for England, which had previously received the assent of all the examining bodies.

The manner in which the Medical Societies have carried on their work during the past year has been in every respect satisfactory. In one of them, indeed, the year has been marked by an important change in its method of work—a change which must be held to be beneficial to the profession at large, by the wider attention bestowed upon subjects of general pathology, and to the Society in particular by the increasing number of members it has received, and the larger attendance at its meetings. Leaving, for a moment, the record of what has been done in this, the most flourishing and popular of the societies, attention is due, in the first place, to the proceedings of the older established body—the Royal Medical and Chirurgical Society. At the annual meeting in March Sir JAMES PAGET's tenure of office as president expired, and in succession to him Dr. CHARLES WEST was elected. A few months previously Dr. WEST had been chosen to fill the same office at the Obstetrical Society—so that he now enjoys the unprecedented honour of presiding over two societies. Amongst the papers of surgical interest read before this Society may be mentioned that by Mr. HENRY MORRIS upon Dislocation of the Thigh, in which the author demonstrated, from experiment and from dissection, that both the anterior and posterior forms of dislocation can only occur when the limb is in a position of abduction; that by Mr. MORRANT BAKER upon a rare form of Necrosis without suppuration; and Mr. BARWELL's case of Double Distal Ligature in Innominate Aneurism—a case which fully exemplified the value of this mode of treatment. The ligature employed was of carbolised gut, and the operation was performed antiseptically. In pathology and morbid anatomy several papers have been read—notably that on Tetanus and Hydrophobia, by Dr. JOSEPH COATS, of Glasgow. The changes in the central nervous system observed by Dr. COATS in great measure confirmed those described by other observers, and seemed to him to point, in the one case as in the other, to the action of a blood-poison upon the walls of the vessels; and in the discussion that followed the chief lines of argument were directed to the view of tetanus being due to a blood-poison or not. Drs. GOWERS and SANKEY have contributed an interesting piece of histological work in their paper on Canine Chorea, the evidences of vascular disorder found in the nervous system being held to depend upon primary over-excitation of the nerve-cell elements—an explanation probably true also of tetanus and hydrophobia. Dr. SANSOM's case of Noma, in which moving particles were found in the blood, was an important contribution in the direction of the pathology of "infective" diseases, and will doubtless lead to further investigations. Dr. HARLEY's paper on Scleroma, and Dr. ORD's on Myxœdema, dealt with rare conditions of skin, which also will repay further pathological inquiry. At this Society also Sir JAMES PAGET did good service in calling attention to the existence of Branchial Fistulæ in the External Ears, raising thereby questions of much morphological interest, which were amply discussed at the meeting, especially by Dr. ALLEN THOMSON, who gave some details of his early inquiries into the dependence of aural malformations upon defect in the development of the branchial clefts and arches. At the Clinical Society, under the presidency of Mr. CALLENDER, who succeeded Sir WM. JENNER in the chair, several interesting cases have been recorded. Not much, however, has been done here in the domain of therapeutics. Thus, beyond a paper by Dr. HERMANN WEBER, on the Treatment of Rheumatic Fever by Salicin and its congeners, one by Dr. CAVAFY on the same subject, and one by Dr. MURCHISON on a case of Enteric Fever treated by Salicylic Acid, and lately the value of Bleeding in Convulsions, by Dr. BROADBENT, the results of therapeutics have not received much attention. Dr. SOUTHEY has the

merit of introducing, through the Society, an efficacious method of drainage in anasarcous limbs—namely, by the use of a small trocar and tube. Surgical procedures have, however, been dealt with to a fuller extent, and more particularly operations on bones, several cases of subperiosteal surgery having been before the Society, contributed by Messrs. HEATH, BARWELL, MAUNDER, and others. Mr. BRYANT gave the results of his experience with the Carbolised Catgut Ligature, the use of which he advocated, although some of his cases showed results the reverse of favourable. In this connexion also may be taken the cases of Messrs. C. HEATH and T. SMITH of Ligature of the Femoral Artery for Popliteal Aneurism, where catgut was used, in the one case ineffectually, and in the other with the result of the formation of an aneurism at the seat of ligature. Dr. GOWERS contributed a case of Unilateral Injury to the Spinal Cord, which was especially interesting from its bearings upon physiology. Dr. GREENFIELD'S case of Hydatid of the Lung, and Dr. HENRY THOMPSON'S case of Hysterical Anæsthesia, gave rise to much and interesting discussion. It is, however, in the Pathological Society that the greatest amount of activity has been displayed, and, in furtherance of the scheme shadowed forth in Dr. MURCHISON'S inaugural address, several important contributions to general pathology have been made. Sir W. GULL and Dr. SUTTON, pursuing the subject of Arterio-capillary Fibrosis from its pathological side, demonstrated how large a part such a change plays in diseases of the spinal cord; and a paper that followed at the next meeting on the Arterial Changes in Chronic Bright's Disease, by Dr GEORGE JOHNSON, reopened a question which was eventually referred for solution to a sub-committee of histologists. Other evenings were devoted, wholly or in part, to Dr. KLEIN'S researches on the Early Changes in Scarlatina, and to his researches on the Nature of Pig Typhoid; to Messrs. BRAIDWOOD and VACHER'S inquiry into the Nature of Contagion; to Mr. GODLEE'S paper on Vaccinia; and Dr. CREIGHTON'S researches upon the Physiological and Pathological Processes of the Mamma; whilst the year's work has been closed by the first appearance of Mr. LISTER at a London medical society in his exposition of his experiments on Lactic Fermentation. Besides these special subjects, however, some meetings were set apart early in the session for the exhibition of specimens of Visceral Syphilis; ample confirmation of the endarteritic changes described by HEUBNER in the cerebral arteries was given in the specimens shown by Drs. GREENFIELD, BARLOW, GOWERS, and BUZZARD; whilst the nature of pulmonary disease in syphilitic subjects was illustrated by Drs. GREENFIELD, GOODHART, GREEN, and PYE-SMITH. The occurrence of gummata on cerebral nerves was shown by Dr. BARLOW, and other specimens illustrative of the subject were exhibited by Drs. AITKEN, SUTTON, and MAHOMED. Lately the subject of Chyluria has received some attention, chiefly at the hands of Drs. DICKINSON and RALFE. At the commencement of the session, also, a committee was appointed to inquire into the subject of Pyæmia and Septicæmia. We have left but little space to speak of the proceedings of other Societies during the past year. At the Obstetrical, a paper has been read by Mr. SPENCER WELLS on Ovariotomy during Pregnancy, which was well discussed; and at the Medical Society Mr. K. THORNTON related a case of removal of a fibroid uterus and ovaries. At this Society, also, the subject of Vegetarianism was discussed, but no definite conclusions were arrived at; and amongst the papers read may be mentioned one by Dr. LAUDER BRUNTON on the Absorption of Fat, and one by Dr. ANDREW CLARK on the Prognosis of Mitral Insufficiency. The Lettsomian lectures were delivered by Dr. WILTSHIRE, "On Vascular Rhythm as exemplified in Periodical Hæmorrhages, General and Local"; and the annual oration was given by Dr. HUGHLINGS JACKSON, "On Ophthalmology in its relations to General Medicine." The Harveian lecturer at the Harveian Society has been Dr. GRAILY HEWITT, "On the Mechanical System of Uterine Pathology"; and Dr. MOXON was the Hunterian lecturer at the Hunterian Society. At the Epidemiological Society Mr. NETTEN RADCLIFFE is succeeded in the presidency by Surgeon-General Dr. JOHN MURRAY, whose inaugural address we lately noticed; during the year papers on Cholera on Medical Statistics of Epidemic Disease, on Plague in Bagdad, and on Variola Anomalæ, have been read by Drs. LAWSON, MCCLELLAN, MOUAT, COLVILLE, and COLLIE. This meagre sketch must suffice to show that the past year has not been unproductive at the Medical Societies, the flourishing condition of which is full of encouragement for the future.

There have been the usual number of meetings of associations, congresses, &c., during the year. The meeting of the British Medical Association was a very successful one. Undoubtedly the most important feature of the meeting was the Address in Medicine, in which Dr. ROBERTS discussed with great ability "the doctrine of contagium vivum, and its applications to medicine." Mr. SPENCER WELLS very worthily delivered the Address in Surgery, and Dr. BARNES that in Midwifery. The British Association had for its president Professor ALLEN THOMSON. The subject of his address was the parellelism between the development of the animal world, as a whole, and that of the individual in its higher ranks. He declared himself led up by his arguments to the doctrine of evolution. The meeting of the National Association for the Promotion of Social Science was noteworthy, in its public health relations, for an address by Mr. EDWIN CHADWICK, C.B. The Sanitary Congress at Leamington was remarkable for two characteristic addresses by Dr. RICHARDSON and Mr. BRUDENELL CARTER, and for a good exhibition of inventions in sanitary mechanics and appliances. There was a notable Congress of German Surgeons in Berlin in April, fitly presided over by LANGENBECK. A fine specimen of almost creative surgery was shown in a new lower jaw-bone, reproduced by the periosteum, left in an operation for the removal of the jaw necrosed from phosphorus. The surgeon in this case was Professor JAMES WOOD, of New York.

The medico-legal business of the year has not been large in amount, but full of interest. The most notable case was that of the STAUNTONS—known as the "Penge Mystery." The points raised were: directly, a matter of special diagnosis; and, indirectly, the whole question of post-mortem examinations for legal purposes. We discussed both these topics fully at the time, and, deeming action in the case to be needed, we drew up a memorial to the

Secretary of State, which was signed by 733 members of the profession. It cannot be doubted that this had an important influence upon the result as regards the fate of the prisoners.

At the beginning of the year our Commissioners were called upon to investigate the causes of the excessive infant mortality in the Carlyle-place Orphanage. The failure of this attempt to rear infants under the age of twelve months by artificial means was then so conclusively demonstrated that the sisters have been induced to abandon this portion of their work. The Reports on Public Hygiene in Paris were concluded this spring, and followed by an account of the new Hôtel Dieu. The skill displayed by the French authorities in checking the adulteration of food and the evils arising from noxious industries was described, while we at the same time energetically protested against the absence of any serious precaution to hinder the spread of zymotic diseases. Our Commission on English Watering-places—Ventnor and Yarmouth—met with a different experience. The latter town, though crowded with unwholesome dwellings, can at least boast of inspectors who are on the alert when infectious diseases occur. Another Commission on Lunatic Asylums visited some "metropolitan licensed houses," and further demonstrated the necessity of reform and the entire reconsideration of the measures adopted by the authorities to stem the increase of insanity. In reporting on the dwellings of the poor, our Commissioners found room for improvement at the Victoria Dwellings, Battersea, though the site is excellent and these new buildings are preferable to the ordinary houses inhabited by the same class of tenants, the drains and general sanitary condition being on the whole good. Finally, our Commissioners were able to give some conclusive evidence on the spread of disease through laundries. These facts were widely quoted and propagated by the press, and have given rise to a vigorous movement in favour of laundry reform. Clean linen so often conveys zymotic germs from the fever dens in which it is carelessly washed, that the registration and inspection of laundries become a matter of imperative necessity. Various special correspondents have sent us communications on questions of medical and sanitary interest—such as Vichy, the baths at Auvergne, the sanitary condition of the chief towns on the Rhine, &c.

The sanitary labours of the past year have brought more clearly into light the almost hopeless state of confusion into which local sanitary administration has fallen through the persistence of the Local Government Board in maintaining the policy of its first president, Mr. STANSFELD. There are not wanting some indications that the present president, Mr. SCLATER-BOOTH, is not wholly heedless of the *fiasco* perpetrated by his predecessor, but he has not yet given any sign of taking manfully in hand and rectifying the legacy of muddle left to him. That the Local Government Board is capable of higher things in sanitary administration than it has hitherto achieved is conclusively shown by the Model Bye-laws it has issued this year—unquestionably the most important sanitary act of the twelve months. These bye-laws are probably unique as an exposition of sanitary practice for local authorities, as the law now stands. Of incidental sanitary matters of special interest occurring during the year, we may note the discovery, as a consequence of the illness from typhoid of Prince VICTOR ALBERT of Wales, of the disgraceful sanitary condition of Marlborough House; also, as following upon typhoid and other ailments occurring among members of the staff of the War Office, the equally disgraceful sanitary condition of that building. The establishment of a PARKES Museum of Hygiene, in connexion with University College, has become an accomplished fact in the course of the year. We may note also the important discussions now in progress for the supply of London with potable water from deep wells; and the supply of Manchester with water from Thirlmere, in Cumberland. The first-named discussion seems likely to end in giving the metropolis what it has long craved for, an impeccable supply of drinking water. The last-named discussion has soared from the region of the useful into that of the sentimental, and Manchester may probably have to go elsewhere than Thirlmere for the additional water it seeks.

The sanitary legislation of last session of Parliament was meagre, but not unimportant. Three public measures were laid before the Legislature, but one only passed. These measures were the Public Health Bill (Ireland), a Bill to consolidate and amend the law relating to Public Health in the Metropolis—both of which measures were withdrawn,—and a Bill to regulate the sanitary condition of canal boats and their occupation. This last-named Bill passed into law, and the "Canal Boats Act, 1877," will prove to be a very useful bit of legislation, especially with regard to the facility it gives for checking the diffusion of infectious diseases by the movements of these vessels. Of private measures submitted to the Legislature, two received assent which contained clauses of peculiar interest from a sanitary point of view. Clauses were introduced into an Improvement Act for Bolton (Lancashire), and a Police Act for Greenock, providing for the compulsory registration of infectious diseases within the districts of the respective local authorities. The first example of legislation to this effect occurred in the Huddersfield Waterworks and Improvement Act, 1876. The vexed question of the registration of infectious sickness is now being submitted to experimental trial in the several localities named. We may here note that the Rivers Pollution Prevention Act, 1876, came fully into operation on the 17th August of the present year.

Throughout the year, notwithstanding the absorbing interest of the Russo-Turkish war and of the famine in India, the persistence of plague in Mesopotamia and its appearance in Northern Persia have been a cause of uneasiness. There is reason to believe that the outbreak of plague at Resht attained more serious proportions than was commonly reported. Its presence in that town and the vicinity, and its existence in Mesopotamia, gave rise to considerable international discussion and to much irritating maritime quarantine in the Levant and the Red Sea. An exceptional activity of cholera in parts of India and the further East occasioned some uneasiness to the Egyptian Government. This was intensified by the appearance of a French transport off Suez, in which a serious outbreak of the disease had occurred during a passage from Saigon, in Cochin China, the last of the sick having barely left the hospital

when the vessel entered the Gulf of Suez. The most notable epidemiological fact in connexion with India during the year has been the discrimination of relapsing fever in the Bombay Presidency. This discovery gives another important aid in interpreting the diverse phenomena which underlie the "fevers," generically so termed, of India. The medico-sanitary history of the dreadful famine which has prevailed in Western and Southern India throughout a great portion of the year has still to be written. The responsibilities cast by this great disaster upon the sanitary commissioners of the affected provinces has been enormous, and especially upon Surgeon-Major CORNISH, the sanitary commissioner for the Madras Presidency.

The medico-sanitary aspects of the Russo-Turkish war have presented much of profound interest. The organisation of the medico-sanitary service of the Russian Army, and of the Russian Red-Cross Society co-operating with the military administration, has been remarkable for the excellence of its plan, and, so far as is known, for the efficiency of its working. The plan involves (for the war is still a lamentable fact) the draughting of the sick and wounded from the army in the field as quickly as possible into hospitals scattered throughout Russia in Europe. This plan has been so well carried out that many thousands of the sick and wounded from Bulgaria and the Caucasus are scattered in numerous hospitals along the whole of the network of railways which extend between the Baltic and the Black Sea and Sea of Azov, and between Moscow and the Roumanian frontier. On the Turkish side the picture is very different. Here, even more than usual fatalistic negligence has happened; and but for the noble efforts of various Red-Cross organisations, and the establishment of a Red-Crescent Society in co-operation with the Red-Cross Societies, the medico-sanitary condition of the Turkish army would have been unrelieved. The efforts of the Stafford House Red-Cross Committee, and especially the individual work of Lord BLANTYRE, deserve particular notice in this connexion.

During the year which is now closing the Army Medical Department has been in a comparatively quiescent state. Several important orders and regulations have, however, been issued affecting the position and comfort of the medical officers, but all of them in their favour. On the 1st January a general order was published exempting medical officers from all contributions or subscriptions to regimental messes and bands, and from the same date they were authorised to draw staff instead of regimental allowances. By these orders two of the wrongs most justly complained of in connexion with the unification system have been corrected. On the 1st September a new Royal Warrant was issued regulating the organisation and discipline of the Army Hospital Corps, which contained some very important clauses. By it the right was for the first time conferred on the medical officers to command in the military hospitals, subject, of course, to the local military authorities. Previously to this they had no power whatever even in their own hospital, all breaches of discipline or hospital offences, whether committed by patients, men of the A. H. Corps, or soldiers attached for hospital duty, being referred to some military officer appointed by the general commanding. This was open to the serious objection that the officer so appointed was very often unqualified to judge of the consequence of a hospital offence, and looked upon it as trivial, while in reality it might involve very serious results to the patients. In some instances the Captain of Orderlies was appointed to do the duty, and thus exercised an independent military command in the hospital in which he was in all other respects under the control of the medical officer. This anomaly, however, is now abolished, and the officers of the Army Medical Department "have authority to command the non-commissioned officers and the privates of the Army Hospital Corps, and also all patients in military hospitals, as well as such non-commissioned officers and privates as may be attached thereto, without their own officers, for hospital duty." Thus at length has been removed one of the long-standing grievances of the department—the existence of the serious responsibility of maintaining discipline and working efficiently a hospital without any power to enforce orders. By the same Warrant the medical officer in charge of a hospital was relieved from the charge of the equipment and the supplies, all duties formerly performed by the (abolished) Purveyor's Department being now conducted by the officers of the A. H. corps under the supervision and control of the medical officers. We think the department has much reason to be congratulated on the measures which have been passed respecting it during the year, and on the improved position in which they consequently stand.

The official inquiry into the cause of the fatal scurvy which crippled the sledge journeys of the Arctic expedition under Sir GEORGE NARES, K.C.B., cast much interesting light on the etiology of that disease, and especially showed the necessity of giving the most careful heed to the medico-sanitary requirements of such expeditions if they are to achieve all that is to be desired from them. The Director-General of the Navy, Sir ALEXANDER ARMSTRONG, contributed not a little to the explanation of the *fiasco*, by his reproduction of official documents.

The state of the Naval Medical Service is not altogether satisfactory, and has been the subject of comment by us on several recent occasions. The vacancies exceed by many the number of candidates. Explanations of this state of things will vary. The Warrant of 1875 has not produced successful results. Perhaps the most pressing evil is the block existing in promotion to the upper ranks. In September we observed that while there were but seventeen superior appointments in all, there were eighty fleet surgeons waiting for promotion. There are lesser evils in the defective respect paid to the medical as compared with the combatant officer. We hope that, with a new First Lord, and with urgent reasons for making the service popular, these grievances will soon be redressed.

At the end of a Summary, or at what we consider the end of our readers' patience, we bethink ourselves of various facts or events which should not be altogether unnoticed. Let us enumerate a few of these. The national evil of intemperance has received attention in quarters free from all suspicion of fanaticism. The Archbishop of CANTERBURY, at an early period of the session, moved for a select committee of peers to investigate the subject. Three valuable

reports have been already issued, including the evidence of Sir WILLIAM GULL, Dr. BURDON SANDERSON, and Dr. LAUDER BRUNTON. At an early part of the year we insisted on the evils arising from the system of grocers' licences to sell intoxicating drinks. We opened our columns to record the signatures of medical men to a memorial against those licences. These signatures amounted to about 900. The memorial was fitly brought under the notice of a committee of the Lords. This question of drink, in its medical aspects, has been the subject of an interesting correspondence in our columns. We ourselves have felt it to be our duty to take a strictly medical view of this question, and while deeply lamenting the evils produced by alcohol, cannot see our way to dispensing with it in many cases as a medicine, and in some as a veritable and valuable food. On the question how far alcohol may be admissible as an article of general use, we have expressed a matured judgment in a recent number. In April the country was thrown into painful suspense by the imprisonment, after a colliery explosion, of some miners, who subsisted for eight days chiefly, if not entirely, on a few tallow candles, and were at length nobly and gloriously rescued. Still later an exceptionally disastrous explosion occurred in Scotland. The unprecedented prevalence of hydrophobia has occasioned much uneasiness in the country; one number of THE LANCET contained a record of four cases. Sir WILLIAM GULL wrote a letter to us on the subject, and Sir THOMAS WATSON discussed it in the *Nineteenth Century*. Editorially we have carefully placed it before our readers, but much, nay almost everything, yet remains to be done, both in the way of elucidating the nature of the disease, and of legislating for its abolition. The infant mortality in various large towns has come into very disagreeable prominence during the year; and local attention has been directed to the matter, particularly in one instance, with hopeful results.

Our Obituary of the year has only one satisfactory feature—viz., the advanced age and the creditable history of many of whose names are included in it. Let us enumerate a few such:—Mr. WILLIAM COULSON, aged seventy-six; Dr. ROBERT LEE graduated at Edinburgh in 1814; Dr. WILLIAM NORRIS, of Stourbridge, died at eighty-five; Mr. EDWARD COUPLAND, J.P., M.R.C.S., of Boston, at eighty-three; Dr. GRAHAM, of Dalkeith, in his eightieth year; Mr. ALLISON, of East Retford, at eighty; Mr. GEORGE COOPER, at eighty-six; Mr. CHARLES W. M. S. GRAHAM, in his eightieth year; Mr. JOHN ADAMS, at seventy-two; Mr. FRANCIS AUGUSTUS BURDETT BONNEY, at seventy-three; Dr. WILLIAM RICHARD BASHAM, in his seventy-fourth year; Mr. JAMES FLOWER, articulator to the Royal College of Surgeons, at seventy-seven; Dr. THOMAS HOOKHAM SILVESTER, in his seventy-ninth year; and Dr. FRANCIS HAWKINS, in his eighty-fourth year. But, alas! the obituary includes not a few who have died in their prime. Amongst others, there were two young men, most worthy representatives of the country and of the profession, who died in the midst of their professional work, and to the intense grief of the foreign communities amongst whom they laboured—viz., JOHN RICHARD CARMICHAEL, of Cheefoo, and JOHN MORTON BEAUMONT, of Foochow. Dr. CHARLES MAYO, surgeon to the new colony of Fiji, died at sea a few miles from Fiji, to the great sorrow of many at home. Adelaide gave a public funeral to Mr. JOHN BENSON. Abroad, CONNEAU, Dr. EVASIO ADAMI, of Turin, the beloved physician to VICTOR EMANUEL, and MICHAELANGELO ASSEN, of Venice, leave blank spaces. But the most conspicuous and lamented death in our ranks at home was that of WILLIAM FERGUSSON, occurring, not, indeed, in his prime, but far too soon—before his hand had forgot its cunning, and long before surgery could afford to lose his example and his authority. Reverting to the idea with which we began our obituarial notice, it is satisfactory to say that an increasing number of apparently unmistakable centenarians seem to die year by year. In this year the case of Lady SMITH, the widow of Sir JAMES EDWARD SMITH, is most noticeable, not only because her age of one hundred and four years seemed well verified, but because we were favoured with an admirable and acceptable account of her by her friend and medical adviser, Mr. W. C. WORTHINGTON.

In concluding the record of the year, we invite our readers to co-operate with us, in the future as in the past, in promoting all that tends to the harmony of the profession and the advancement of the art and science of medicine.

# Annotations.

"Ne quid nimis."

## THE DEVELOPMENT OF THE RED BLOOD-CORPUSCLES.

THE development of red blood-corpuscles is a problem of profound practical importance, and every fresh information on the subject is to be eagerly welcomed. An interesting series of investigations by M. G. Hayem was recently communicated to the Académie des Sciences by M. Vulpian. They relate to the development of the red globules in oviparous vertebrata—birds, reptiles, batrachians, and fishes. The blood of these creatures, according to these researches, constantly contains cells which are destitute of colouring matter, and yet differ essentially from the ordinary white corpuscles. These cells on development become perfect red corpuscles, and hence Hayem proposes to call them "hæmatoblasts." He has found them in all the oviparous vertebrata examined (various birds, the tortoise, lizard, adder, frog, toad, triton, axoloti, and several fishes). They are also found in the blood of the tadpole, in which the characters they present are the same as in the adult animal. During their successive transformations, the hæmatoblasts pass through two phases. They are at first very pale and delicate, so that it is with difficulty that they can be distinguished from white corpuscles. They differ from the latter in the transparency and feeble refracting power of their protoplasm, and by their viscosity, by which they adhere one to another, and sometimes form a mass of considerable size. Their form is, moreover, somewhat angular or elongated, especially in birds, and they have a solitary nucleus, which is clearer than the body of the corpuscle. The characters of the nucleus vary in different animals, but always resemble those of the nuclei of the red corpuscles, with this difference, that the latter are a little smaller, and often less elongated. In the second phase of development the corpuscles gradually assume the appearance of small discs, and lose their viscosity. Their aspect now, which is nearly the same in different

animals, was described last summer by M. Vulpian. The tint of the hematoblast is a little darker than that of the original cell, and the nucleus occasions a prominence on each side of the disc. In the forms which are a little more developed, the protoplasm is reduced to a narrow ring around the nucleus, and the corpuscle assumes a shape resembling that of the developed red corpuscle, now and then first assuming an irregular shape. Sometimes the disc is composed of two distinct parts, as M. Vulpian has shown, a central clear and slightly granular portion forming a zone around the nucleus (of this traces may often be seen in the adult corpuscle), and another peripheral zone more homogeneous, and soon to become impregnated with hæmoglobin. The colouring matter appears usually before the development of the cell is completed, and then some coloured elements may be seen in the blood, having the form of hematoblasts. Their size varies according to the stage of their development; that of the nucleus varies according to the size of the nuclei of the red corpuscles in the same animal. Examined in a damp chamber, the hæmatoblasts are seen to undergo slow changes of shape, but these are believed by M. Hayem not to be true amœboid movements, but rather to resemble the successive stages of cadaveric destruction. After some hours the hæmatoblasts which were in the first stage of development are represented only by their nuclei retaining still some irregular tracts of a finely granular material; those which had attained the second stage are in general more resistant. All the reagents act on the hæmatoblasts just as they do on the red corpuscles, and produce no effects such as are manifested by the leucocytes. When dried rapidly, many small cells, which were colourless in the wet state, appear to be coloured, as if they already contained a small quantity of hæmoglobin. A comparison of the blood of many animals shows that these hæmatoblasts are in no case less numerous than the leucocytes, and that often, on the contrary, they are twice as numerous. Their proportion to the coloured corpuscles is, in the bird, 1 to 100, in the snake 1 to 40, in the tortoise 1 to 50, and in frogs 1 to 60. Hayem concludes that the white corpuscles do not form the red globules, and that while in the higher animals the newly-formed red corpuscles are coloured, whatever their origin, in the oviparn the embryonal corpuscles are at first free from hæmoglobin. An important problem is the relation these so-called hæmatoblasts bear to the leucocytes: whether they are really distinct, or merely a stage of transformation of the latter. This point, in spite of M. Hayem's opinion, must be considered as still doubtful.

## INFANT MORTALITY IN THE NETHERLANDS.

CONSCIOUS as all must be who possess but a slight acquaintance with our mortality statistics, that the waste of infant life in this country affords unsatisfactory evidence of its sanitary condition, there is a grim kind of consolation to be found in the fact that infant mortality does not show so great an excess as in most of the other countries of Europe. Some carefully prepared mortality statistics for the Netherlands have just been issued, which relate to the three months ending September last, and enable us to compare the rate of infant mortality which prevailed in that kingdom during last summer, with the rate during the same period in England and Wales. The population of the Netherlands at the beginning of this year is estimated at 3,865,456 persons, and during the quarter under notice the birth-rate was equal to 37·2, and the death-rate to 22·1 per 1000 living. The deaths of infants under one year of age during the three months were 7755, and were equal to no less than 214 per 1000 births registered; whereas the proportion of infant mortality in England and Wales, measured in the same manner, did not exceed 138 per 1000. Thus the rate of infant mortality in the Netherlands exceeded that in England and Wales by no less than 55 per cent. The Netherlands contain sixteen towns with populations exceeding 20,000 persons, for each of which separate statistics are published, as well as for the separate rural portions of the eleven provinces of the kingdom. It is a somewhat remarkable fact that according to these statistics the rate of infant mortality in many of the rural portions of the kingdom exceeds that in the largest towns. The highest rate of infantile mortality during the last summer in the larger towns of the Netherlands prevailed in Amsterdam, where the deaths under one year were equal to 231 per 1000 births; whereas in the rural portions of the provinces of South Holland, North Holland, and North Brabant, among a population exceeding a million persons, the rate of infant mortality was equal to 260 per 1000 births, a rate more than double that which prevailed last summer among the rural population of England and Wales.

## A DELICATE ATTENTION.

THE Police Commissioners of Dundee have, it is stated, with more than common regard for the comfort of inebriates—applied to the authorities for a supply of "double-springed wheelbarrows," wherein the "drunk and incapable" may be commodiously conveyed to the various police stations. This is a decided improvement on the practice of carrying intoxicated persons face-downwards, or even huddled up and strapped on a "stretcher." The device might with advantage be adopted by the police of the metropolis and other "populous districts." The notion is not wholly original. If we remember rightly Charles Dickens ventilated the idea in one of his graphic stories, and the practice was, at least occasionally, pursued in the last century; but the wheelbarrows were not "double-springed."

## THE INDIAN FAMINE.

WHEN the whole story of this famine comes to be written it is to be feared that we shall have underrated rather than overrated its sad effects in the districts of prevalence. Bombay appears to have kept a persistent silence as to the loss of life in the famine districts there, but it now transpires that the mortality in the neighbouring districts exposed to the emigration of the famine-stricken has probably been doubled. Of the mortality in Mysore little definite is known, but in the famine-stricken districts of Madras during the nine months, January-September, 1877, the births were 302,719, and the deaths 1,111,980; the average births for the same periods during the previous years being 431,164, and deaths 414,176.

## THE STRUCTURE OF TACTILE CORPUSCLES.

M. RANVIER has lately presented to the Académie de Médecine a note upon the termination of the nerves in tactile corpuscles. It has hitherto been believed that the nerves enter the terminal cells and present swellings at their entrance, and that touch acts directly on these cells. M. Ranvier believes that this termination is not real. By staining the ultimate nervous ramifications black by means of certain salts of gold, he has observed the nerve filaments to end between two cells, and not to penetrate the cells. There is no continuity between the cells and the nerves. The office of the cells is simply that of protection of the nerves or of intensification of the tactile vibrations. This is a subject for further study. The observations have been made on the tactile corpuscles of the duck's beak.

## ST. GEORGE'S HOSPITAL.

ON Boxing night, Mr. A. Woods, so well known in connexion with the Gray's-yard Ragged Church, James-street, Oxford-street, assisted by his son, Mr. Alfred E. Woods, gave an interesting entertainment, entitled "A Tour through India and America," to the convalescent patients in the above hospital. Many beautiful views were exhibited by means of the oxy-hydrogen light, and selections of vocal and instrumental music were performed by the younger members of Mr. Woods' family; and two songs were sung by Dr. A. Cooper Key. The audience appeared much gratified with the entertainment, and at its conclusion Mr. Todd, the secretary, moved a vote of thanks to Mr. Woods, which was carried with much applause.

## MEDICAL EDUCATION IN SCOTLAND.

WE have lately remarked on the larger number of medical students in the London schools in the present year as compared with previous years. Whatever the explanation of the increase, it is not to be found in any diminution of the numbers repairing to the schools of Scotland for medical education. On the contrary, it would appear that the utmost activity in medical education prevails in the Scotch schools. We have been at some pains to ascertain the principal facts in connexion with the leading schools.

In the University of Edinburgh, out of no less than 2252 students in attendance during the present winter session, the largest number in any Faculty is that in the Faculty of Medicine. Thus, in the Faculty of Medicine there are 922 students, in that of Arts 919, of Law 347, of Divinity 64. There are in the University this year 200 more students than there were last year at the same date. Of the 922 medical students, 302 are students of the first year. The steady and remarkable increase in the number of medical students during the last few years may be thus shown:—

| | |
|---|---|
| 1873–4 ... ... ... | 581 |
| 1874–5 ... ... ... | 733 |
| 1875–6 ... ... ... | 742 |
| 1876–7 ... ... ... | 822 |
| 1877–8 ... ... ... | 922 |

Such numbers of medical students in the University, of course, imply very large classes, which demand great devotion on the part of the professors. Professor Turner's lectures on anatomy, for example, are attended by 360 students; and in the dissecting-rooms there are 517 students. It would be impossible to provide subjects for such a number were it not for the careful preservation of bodies during the summer months. It would be equally impossible for Professor Turner to teach all his students without the help of assistants. He has, in fact, six teaching assistants. Two of these drill the first-year students in osteology; others impart special instruction to senior students in the anatomy of the brain, eye, and ear—this independent of work in the dissecting room. In the class of physiology, under Professor Rutherford, there are 227. In that of chemistry, under Professor Crum Brown, 323. In Professor Annandale's class of clinical surgery, there are 200 students. In Professor Spence's class of systematic surgery there are 152. Professor Grainger Stewart, in the class of practice of physic, lectures to 170. Such numbers make it a matter of urgency for the authorities to proceed with the new buildings for the medical purposes of the University, which, indeed, has been determined upon. Great care is taken in clinical teaching in the University, not only in medicine and surgery, but in obstetrics and gynæcology. Every class has one or more assistants attached to it, who assist in training the students in the subjects of the class by practical instruction, examination, &c. In all the classes there are periodical written examinations which are attended by the bulk of the students. Tutors, too, have been appointed in connexion with the classes of clinical medicine and surgery, to aid the students in acquiring a knowledge of the methods of examining patients, and in physical diagnosis. These classes are well attended by the more advanced students.

Any account of the means of medical education in Edinburgh would be very incomplete which did not include a notice of the extra-mural school, the teachers in which have generally been men of mark, who, by their reputation and their teaching qualities, have exerted a very beneficial influence on the work of the University in the way of honourable rivalry and competition. Such influence was never more marked than now, when the extra-mural school includes such men as Dr. Handyside, Dr. P. Heron Watson, Dr. John Chiene, Dr. Keiller, Dr. Haldane, Dr. George Balfour, &c., and when a certain number of extra-mural classes are allowed in the curriculum for graduation. In some of these extra-mural classes the number of students is at least 100. It is an undoubted fact that some of the most potential teachers and practitioners in Edinburgh are, or have been, lecturers outside the University.

In the University of Glasgow the numbers are smaller than in Edinburgh, but they are largely increasing, and, in the medical department, are rapidly becoming too large for the class-room accommodation in the magnificent new structure which forms so conspicuous a feature in the recent addition to the architecture of Glasgow. The whole number of students is about 1900, 200 over that of last year. The total number of medical students attending the University is 452. There are in the class of anatomy 126 juniors and 107 seniors, in all 233; in the class of physiology, 127; of surgery, 209; of the practice of physic, 170; of materia medica, 99; of midwifery, 77.

It is impossible to pay the most cursory visit to the University, or the fine adjoining Infirmary, without being impressed with the efficiency of the arrangements for teaching, and with the thorough earnestness of the teachers.

As in the case of Edinburgh, it would be a great omission to disregard the extra-mural schools of Glasgow—viz., the Andersonian School, and the new School of Medicine, which has the enormous advantage of being associated with the great field of surgery and medicine to be found in the Glasgow Royal Infirmary. Not only so, but the managers have, with a wise generosity, supplied the lecturers with much accommodation and many appliances for teaching the important subjects of anatomy, chemistry, and physiology. The lecturers of this school will have to be very much more inefficient than we take them to be if their school does not become the principal rival of the University. The numbers attending the two extra-mural schools of Glasgow are about 150.

In Aberdeen we have also to notice a steadily progressive increase of students. Professor Struthers' energy in improving the rooms for teaching anatomy, in building and stocking the museum, and whose painstaking ways of teaching it would be simply unjust not to acknowledge, stated, in recently opening his class, the increase that had taken place in the number of students in the Faculty of Medicine in the University in the last dozen years. Thus, in 1864–5 the number was 158; in last year, 1876–7, it was 328, or more than double. He remarked especially on the still greater increase of first-year students, and the large proportion of them, about a third, which came from England and the Colonies. We gather from the information which reaches us that there are here the same efforts to improve the laboratories and the museums which are being made in Edinburgh and Glasgow, and that there is, if anything, a still more strict surveillance over the students, and over the way in which they do their work. One of the students said to us: "The men here are looked after far more than in London schools; the tutorial system being held in great esteem. It is almost impossible for a man to be idle here without being pulled up quickly before the professors. There is an utter absence of anything like 'scamping' lectures. Each attendance is marked daily, and written down at the back of every student's card at the end of every session, so that parents and guardians can know exactly whether a man has been diligent or not." Class examinations are held in every subject at least once a week. The dissecting rooms are good, and plentifully supplied with injected bodies. In Aberdeen the infirmary work is not so effectively done as the more elementary work of medical education.

We have thus shown the activity and growth of the system of medical education in Scotland. In doing so we have left little room for remarks on the probable explanation of such a state of matters. A great part of the explanation lies in the energy and enterprise of the Universities. They have in late years been materially modified in their constitution. The graduates have been allowed a voice, if not a vote, in their affairs. In this way they have been popularised and vitalised. The authorities of the Scotch Universities have the wisdom to perceive that medicine is their stronghold, that it is this branch of education in which they have won most glory in the past, and which the progress of civilisation only enhances in importance. One other element in the explanation is the existence of a class of medical teachers in Scotland "to the manner" bred, if not "born." They have the same love for teaching that other men have for practice. They regard it, more than English teachers do, as a life-calling to which practice is to be subordinated. In the case of some of the leading University classes the emolument is so large as to be enough "to fill the ambition of a private man"; but in other cases there is a love of teaching as a function which has no explanation in its pecuniary results. It amounts to a taste, if not a passion.

The increase in the number of medical students in Scotland is only a part of the fact of an increase in their numbers elsewhere, but in this division of the kingdom it is very striking. Some of Scotland's most eminent teachers have been removed, but with no effect of reducing the number of her students. Her educational efficiency is, in fact, becoming more and more independent of individual teachers, or, rather, is secured by the existence of a class of men who take as much pleasure in teaching as they did in learning medicine.

## DR. BURDON SANDERSON'S LECTURES ON THE INFECTIVE PROCESSES OF DISEASE.

### LECTURES III AND IV.

HAVING in my previous lectures discussed the phenomena of septicæmia and the genesis of the septic poison, we are in a position to-day to pass to the consideration of the intimate nature of the action of a septic poison—how the virus acts on the blood so as to produce the characteristic changes which are observed. I shall endeavour to show that as far as concerns all the phenomena which belong to the circulatory system we have good reason for attributing them to the pernicious influence exercised by the poison on the corpuscles, for the marked changes produced in the organs of circulation by poisons which can only act by disintegrating the blood-corpuscles, entirely resemble those of septicæmia. Thus Schmidt has shown that if, in a dog, a couple of ounces of blood are taken from the femoral artery and allowed to coagulate, and after the lapse of twenty minutes or so the clot is broken up and kneaded with the fingers, and the carefully strained blood is reintroduced into the femoral artery of the opposite side, so as to mix very thoroughly with the blood-stream, it produces disturbances of the circulatory organs exactly corresponding with those seen in septicæmia. To explain these facts it is necessary to refer to what is known of the physiological process of the coagulation of the blood. It has long been known that fibrin does not exist as such in the circulating blood, but that it is formed by the union of fibrinogen and fibrino-plastin, and that the cause of the union of these bodies is the withdrawal of the influence naturally exercised upon it by the living vessels. This influence was till lately an insoluble mystery, but we have now good reason for believing that the white corpuscles contain a ferment which is set free on their disintegration, which causes the union of the two "fibrin factors." The fact of the disintegration of the white corpuscles in the process of coagulation can be directly observed with the microscope. It has also been shown that when a coagulable plasma is filtered at a freezing temperature by which the white corpuscles are separated from it, it loses its power of coagulation. If now the corpuscles on the filter are washed with ice-cold water, and then with a slightly alkaline solution of sodic carbonate, a fluid passes through which, when added to the decorpusculated plasma, again restores to it its original coagulability. Schmidt has shown that all spontaneously coagulable fluids contain, in addition to fibrin factors, this fibrin ferment, which can be obtained from blood-clot by the same process that I adopted to get my septic extract from putrilage. It is found that plasma, containing its leucocytes, is as rich in this ferment as the corresponding quantity of blood, while plasma deprived of them contains no ferment whatever. We can now see the explanation of the poisonous effects of the reinjection of cruor; the disintegrated leucocytes cause intravascular coagulation. In some cases it was found that the animal died rapidly, collapsed and half asphyxiated, from a clot in the right ventricle and pulmonary artery; but, as the poison is intimately mixed with the blood before it reaches the heart, its effects are generally systemic, stopping the circulation close to the capillaries. This experiment also shows us that the selection of the gastro-intestinal mucous membrane by the septic poison is not *specific*; for we may explain it by the difference between the arterial and venous pressures being less in the parts which send their blood to the portal vein than anywhere else except in the lungs. It has been shown clinically, as well as experimentally, that in the intestine capillary embolism occurs with great facility, and the stoppage of a single artery is capable of producing a localised gastro-enteritis with all its accompaniments of capillary congestion, stasis, exudation, and shedding of epithelium. The special affection of the villi is easily accounted for by remembering that their arteries are necessarily terminal. But we must not infer that the *whole* effect of the septic poison is due to the premature disintegration of the leucocytes; the symptoms relating to the nervous system may be due to circulation changes. As regards the pyrexia it seems probable that the septic poison affects all the more active structures of the body, and that, in accordance with the view of fever given here in 1872, the pyrexia is the expression of that general damage.

We have seen in a former series of lectures that germs are continually entering the organism, but that they are never met with in healthy circulating blood. They are not eliminated, but probably are destroyed by the action of the living tissues during that period of latency which Tyndall supposes to exist between the germ state and that of the finished organism. These germs also exist in certain organs, as the liver and kidneys, as is shown by their rapid developments after death when means are taken to prevent the entrance of material from outside. In connexion with this fact we must also remember that in peritonitis or pleurisy in rodents, produced either by a general infection or the action of an irritant, even a germicide, the inflammatory fluid swarms with bacteria. These facts lead us to the conclusion that, although bacteria are an essential condition in the development of an infective process, they are not the determining condition; this must be sought in the irritant or the septic poison.

I now pass to the consideration of the theory of *contagium vivum*, and the *germ theory*. The former teaches that contagious diseases are produced by specifically endowed organisms, themselves the product of the same diseases. The latter teaches that if certain organised and living particles which are always suspended in the atmosphere are excluded from wounds, they will at once enter on the processes of reparation, but that if they are present the wounds cannot so heal; and that the true treatment of wounds consists in the exclusion of the finest atmospheric dust. Looked at from a scientific point of view, the successful trials which have been made of Lister's treatment during the last few years in the great hospitals of Europe may be regarded as a series of experiments, all of which point very distinctly to the conclusion that a serous surface may be exposed, and that living tissues may be incised, or even subjected to serious mechanical injury, without these parts becoming foci of inflammation, without any further reaction taking place than is necessary for the constitution of the reparative processes. We must cordially accept this evidence, even if we doubt the truth of the theory on which the treatment is founded. Although in many instances the occlusive treatment both wards off infective processes and shuts out germs, yet there are others in which the patients

remain fever free, pain free, and inflammation free, after an operation, but organisms exist in the discharges; the treatment is successful because the organisms are under conditions hostile to their development, and are, therefore, harmless. The treatment of a wound is *not* an experiment on spontaneous generation, but on infection; and there are three principles which underlie the success of the antiseptic treatment. First, the avoidance of conditions in the wound itself which favour the development of infectivity—such as the retention in quantity of unorganising liquids, which are withdrawn from the colytic action of the living tissues. Secondly, the avoidance of infective contamination—cleanliness. Thirdly, the use of disinfectants, especially those of proved colytic value.

I must now consider the intervention of vegetative processes in specific infection. The first case to which I must allude is that of acute malignant septicæmia, in which we have to do, not with a poison, of which the effect is determined by the quantity introduced, but with a ferment of which the destructiveness to life is measured only by its development in the organism. I have shown by experiments with peritonitic fluid that by a gradual evolution we may rise from common traumatic infectivity to the intensified virulence of malignant septicæmia. The intervention of morbific organisms in these cases is matter of inference, but in my next instance, splenic fever, we are able to say that we know the relation between morphological and pathological development. Of this disease we know that the blood which always contains bacillus anthracis communicates the disease by minimal inoculation, that it loses this power by filtration through porcelain, and by keeping for a short time, except in certain cases. Koch has proved that this latter fact is explained by the filamentary form of bacillus being very labile, whereas the spores which are developed from the threads have considerable power of resistance. We have distinct evidence here that by a vegetative process a virus is produced which destroys life by multiplying with extraordinary activity in the blood and tissues of the living animal. With reference to vaccinia and diphtheria we know that they are associated with the presence of organisms, but we have no evidence of the pathogenic properties of these organisms. From the secondary lesions in small-pox and diphtheria—the endocarditis and the capillary embolism in the liver, kidney, and lungs—we learn that in certain infective diseases the local processes in great measure consist of the development of micrococci, which are distinguished from bacteria of septic processes by their growth in rounded masses. But these micrococci do not in the slightest degree resemble the infective organisms of splenic fever. They show no tendency to multiply in the circulating blood, and they are associated with local, not general, processes. Their relation to these processes is still an open question. I incline to the view that in all these acute infections the organisms are specially the same, and that they reciprocally modify and are modified by the soil in which they grow. Whether they can convey the contagium is an open question.

## AN ARMY HOSPITAL CORPS FOR INDIA.

IN recalling attention to the necessity for an army hospital corps for India, Surgeon-Major Evatt has done good service. Ten years have elapsed since the late Surgeon-General Beatson, then P. M. O. in India, brought the subject under the consideration of the military authorities there in an exhaustive memorandum addressed to the Quartermaster-General. This was subsequently[1] published in the Army Medical Department Reports, under the title of "Important suggestions on the equipment of H.M. British Hospitals in India." But although thus brought prominently to the notice of the authorities both in India and at home, no steps have as yet been taken to give effect to his valuable recommendations on this important subject. This is perhaps not an unmixed evil, for we have had the experience of the Army Hospital Corps at home and in the colonies, have discovered the defects in its first organisation, and have recently had it remodelled in a manner which, it is believed, will greatly increase its efficiency, and render it a much more valuable addition to our military medical establishment. In raising a similar corps for service in India, these lessons will be useful as showing what to do and what to avoid.

British soldiers in India are much too valuable to allow of their being made available for the duties of orderlies in the hospitals, and the sick-rate among Europeans is too high to permit of these duties being assigned to a corps composed of that class. On the grounds both of efficiency and economy, therefore, such a corps must, in the lower grades at least, consist of Asiatics.

The existing system of hospital establishments in India is both inefficient and expensive. The servants are numerous, untrained, not articled or bound to the service in any way, and therefore may leave when they please, and cannot be punished for insubordination. Mr. Evatt states:—"They can only be punished for neglect by fine, and this, although constantly done, is quite illegal. They receive no uniform from the State, nor badge of any kind. They may any day be stopped by a sentry or seized by a military policeman for entering their own lines. They receive no medals for field service, nor promotion nor rewards for heavy cholera epidemic service. No camp equipage is allowed for them, nor carriage on the march if they fall sick. They lie for shelter under the walls of the hospital tents during the bitter cold of a Punjab night in camp, or are alternately roasted and drowned in that most trying of situations—a cholera camp in the height of the monsoon. If they get sick there is no arrangement for sick leave or for pay while ill. There is no good-conduct pay, nor increase of pay for long and faithful service." Truly, with so many drawbacks and so few advantages, it is not surprising to learn that when a corps is moved to an unhealthy or unpopular station the hospital servants disappear—for they cannot be said to desert, having never been enlisted. The only matter for surprise is that they can be obtained in sufficient numbers, and that they are, under such circumstances, "sober to a degree, long-suffering and kindly to the sick soldier, and their services in the cholera wards are devoted and excellent."

In the interests alike of the soldiers and the medical officers, it is high time that this system should be abolished, and the subordinate duties in the hospitals be performed by men trained to their work, placed under military discipline by enlistment, and thus available for any service they may be required to perform, dressed in a suitable uniform, and, consequently, clean and smart, instead of being, as they now frequently are, dirty and untidy, and with inducements to good service and steady conduct in the form of pensions on discharge, and rewards for meritorious work during epidemics and in the field. These changes may possibly be objected to on the ground of expense, but it seems doubtful if such a system would prove more costly than the present. It cannot be doubted that a smaller number of trained men would do the work more efficiently and satisfactorily than the present crowd of inefficient hospital servants; and, even if it were a little more expensive, the difference would be more than compensated by the increased comfort to the sick soldier, and additional chance of recovery given him by the instructions of the medical officer being efficiently carried out. The lives saved by good cookery and careful nursing would go far to make up for any increased expenditure.

We have avoided all reference to the question of caste which was discussed by Dr. Beatson, and is also noticed by Mr. Evatt, because it is a point which can be better decided by the local authorities than by those at home. We would only earnestly entreat them both to lose no time in beginning and carrying out a measure of so much importance to the sick soldier in India as the organisation of a corps similar in its duties to that now employed at home and in our colonies.

[1] A. M. D. Reports, vol. viii., p. 265.

## MEDICAL ASPECTS OF THE WAR.

WINTER has fallen with severity upon the seats of war in Bulgaria and Armenia, and, as we ventured to anticipate, has found the Russian armies much better provided to contend with its rigours than the Turkish. Although we

learn great dissatisfaction is felt and loudly expressed in the principal centres of population in Russia with the incompleteness of the preparations which have as yet been made for giving winter clothing and shelter to the forces of the CZAR, notwithstanding that the necessity had been long foreseen, the winter preparations for the troops are very considerably in advance of those observed among the Turkish troops. Already, indeed, we have news, both from the Balkans and from Armenia, which show that the Turkish forces are rapidly drifting, in too many instances, into a condition similar to that from which they suffered so dreadfully, in common with our own soldiers, in the Crimea during the winter of 1854-55.

The appeal of the Evangelical church in St. Petersburg for help to send Christmas-boxes to the Russian army in Bulgaria, to which we referred a short time ago, has been amply responded to. The reverend pastor of the church, M. Dalton, announces that the Committee of the Evangelical ambulance dispatched on the afternoon of the 15th Dec. no less than 747 packages of Christmas gifts, weighing a little over thirty-five tons. The reverend gentleman observes that this is, perhaps, the largest assignment of Christmas-boxes ever made. Two deacons, three deaconesses, and M Nicolas de Shubert, in charge, accompanied the gifts in order to superintend their distribution.

Two English medical men, serving with the army of Sofia, under the command of Mehemet Ali Pasha, have received the thanks of that general for their services under fire, and will probably be decorated.

## POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

THE following has been sent us for publication:—

"DEAR SIR,—I have again to solicit your co operation, and trust, by its means, to render our Association powerful in action, and worthy of the objects it has in view, namely: 1. The further adoption of the dispensary system in all large towns and rural districts where practicable. 2. The promotion of the interests generally of Poor-law medical officers; defending, if necessary, legally or otherwise, its members against oppression on the part of the authorities. 3. The continuance of agitation in favour of compulsory superannuation.

"The Council of the Association will feel obliged if members, having our interests at heart, will kindly signify to me their willingness to act as local secretaries. On receipt of their consent, a receipt book will be forwarded.

"Council meetings will be held at the Rooms of the Association, 3, Bolt-court, on the first Tuesday in every month (May and August excepted), at 7 P.M., and, for the convenience of provincial members, the time will be 3 P.M. in the months of March, June, September, and December.

"The annual general meeting will be held on the first Tuesday in May, at three P.M., at the Freemasons' Tavern, after which it is proposed to dine at six P.M.; tickets 7s. 6d., exclusive of wine.

"It has been resolved that a special meeting shall be held at Bath during the visit of the British Medical Association, to which all medical men are invited, whether in the Poor-law medical service or not.

"Our financial state continues in every way satisfactory.

"The annual subscription of 5s., constituting a member, is due on the 1st of January, 1878, and can be sent in stamps or Post-office order to me, at 3, Bolt-court, Fleet-street, E.C., the Post-office order to be made payable at Ludgate Circus Money Order Office.

"I remain, dear Sir, yours truly,

"J. WICKHAM BARNES, F.R.C.S.,

"3, Bolt-court, Fleet-street, Dec. 22nd, 1877." "*Hon. Sec.*

SOUTH LONDON SCHOOL OF PHARMACY.—The annual dinner of this institution was held at the Horns Assembly Rooms on Friday evening, the 21st December—Dr. Muter in the chair. Dr. Julius Pollock presented the medals and certificates to the following successful competitors:—Senior Chemistry, Mr. Mortlock; Junior Chemistry, Mr. Heywood; Botany, Mr. Murdoch; Materia Medica, Mr. Hutton; Pharmacy, Mr. Mather.

# Correspondence.

"Audi alteram partem."

## SMALL-POX AND VACCINATION.

*To the Editor of* THE LANCET.

SIR,—Small-pox is once more assuming formidable proportions in the east-end of London. It is difficult, if not impossible, to doubt that deficient vaccination lies at the root of this and all other similar outbreaks, defect either in regard to the imperfection of the operation actually performed, or in inadvisability of the process as prescribed by law. It is useless to blinck the fact that so long as one tittle of rational objection to compulsory vaccination is left for anti-vaccination partisans to stand on, evasion of the law will continue, to the vast detriment of the public, and the multiplication of misery and mortality in the case of children and persons of insufficient intelligence to avail themselves of the immunity provided by Jenner's discovery. It is useless to deny that vaccination by human lymph involves danger of scrofulous, syphilitic, and erysipelatous inoculation. The difficulty of securing with absolute certitude subjects for furnishing vaccine lymph free from constitutional taint is simply insuperable, and the sooner this fact—which few, rather, I would say, no scientific physiologists, no thoughtful medical practitioners of wide experience, contest—the sooner, I say, this fact is practically reckoned with, and the only effectual means taken to obviate it, the sooner animal vaccination will become feasible, nay popular, and whilst truly prophylactic against small-pox, will cease to give rise whether to such catastrophes as so lately occurred at Sheffield, or the almost equally disastrous fear thereof, as I have said in a letter the editor of the *Daily News* did me the honour to insert in Saturday's impression, 8th inst., in which you will find stated:—"Unless the Belgian Government and the heads of the medical profession in Belgium and America are judicially blind, or in conspiracy to impose on their own countrymen and the rest of Europe, the system they advocate and pursue is at least as effective as our own as a safeguard against the specific complaint of small-pox, whilst it affords the gratifying certitude to parents that the erysipelatous, scrofulous, or other forms of infection whatever can be communicated by the process."

I hope very soon to see the use of animal vaccine universally adopted in private practice by my medical brethren. Its use is already extending; but I do not scruple to insist in the strongest terms that it is the duty of the Government, in enforcing animal vaccination, to consult the safety of those who willingly submit to its prescription, and to cut the ground from all recalcitrants by immediately adopting vaccination by pure animal lymph, for the absolute safety and superior efficacy of which we have the word, not of private speculators or a few men of science, but of the Belgian Government and the whole medical faculty of that country, with Dr. Warlomont at its head.

I have the honour to remain, Sir, yours, &c.,

THOMAS WILSON, L.R.C.P. Edin., &c.,
Medical Officer of Health to the Alton Union, &c.

December 19th, 1877.

## RABIES AND HYDROPHOBIA.

*To the Editor of* THE LANCET.

SIR,—The importance of the questions raised by Sir William Gull in his letter to THE LANCET of Nov. 17th must be my apology for troubling you with a few remarks on the subject referred to by him. I need hardly state that the position I have the honour to occupy affords me exceptional opportunities for informing myself of the nature and extent of prevailing animal diseases, and although abundant testimony to the wide-spread existence of rabies has been forthcoming during the past two years, it may not be uninteresting to add that during that period over twenty cases of rabies have come under my own personal observation. I mention this not merely to indicate the prevalence of rabies, but that my remarks on certain points may have the

weight of authority which at the present time is so much to be desired. It need not be insisted on that, with our present means, the existence of a poison in the saliva of the rabid dog is no more capable of actual demonstration than are the morbific elements which pervade the virus of other contagious disorders. If, however, a large clinical experience, combined with experimental observation, are to be relied upon, then to me the poison of rabies is a reality. The clinical history of almost every case that has come under my notice, no less than the success which on two occasions has attended the inoculation of dogs with the virus of rabid animals, leads me to this conclusion. Moreover, if we except such rare instances of protracted incubation as are referred to by Sir William Gull, Morgagni, and a few others, the history of hydrophobia in its general outline appears to differ only in the slightest degree from some other contagious disorders, in regard to which we acknowledge the existence of a poison as if it had been physically demonstrated. Although the period of incubation of rabies and hydrophobia varies within the widest limits, it must not be forgotten that the period of latency in other infectious disorders is sometimes remarkably protracted. Thus Fleming, in his "Sanitary Science," speaking of contagious lung disease of cattle, says: "Some observations would even go to prove that a period of nine to ten months may elapse before the disease shows itself." If it be true (as the observations of Sir William Gull seem to imply) that the bitten part forms the matrix in which the poison is retained during its seemingly passive condition, how shall we account for the inactive state of the contagium of pleuropneumonia, a disease which is necessarily the result of infection, and one in which no wound is concerned? Are we to conclude that the disease-producing particles, whose custom (if I may say so) is to pass into the circulation, do on occasions overcome the natural physical and physiological forces, and abide for various long periods in the tissue of the membrane on which they may chance to fall. So far as I am capable of forming a judgment, such an inference cannot be sustained. The ground is too hypothetical, and must yield to the obvious contradiction which the history of inoculable diseases affords. Assuming the contagion of vaccinia and other infectious diseases to be regulated by the same laws which govern the action of the virus of rabies, then, on the hypothesis put forth, we should expect, when vaccination is performed and fails to produce its known effects, that the virus would remain in the part operated on until the necessary condition of system arises by which its activity is developed. On the contrary, it will be admitted that the lymph employed on an insusceptible person exhibits no such stationary condition. Moreover, from all we know of organic matter, living or dead, it is most difficult to conceive the possibility of a protracted resting state in a living organism which in itself is in a state of activity.

On the question of pathology, those who are clinically familiar with the occurrence of tetanus in the dog, and have studied it side by side with rabies, know how broad and well-defined are the lines of distinction between the two affections. A glance at the leading features is sufficient to place aside every consideration in regard to their identity. In tetanus the standing posture is usually maintained, and the animal has no desire to move. The body is more or less curved in one direction or another, and characteristically rigid. The gait is stilty, and a painful whine is emitted with each movement of the frame. No disposition to bite exists at any period of the disease. There is an entire absence of choreic movements and paralysis. Pharyngeal irritation, as ordinarily shown by hawking and sickness, has no existence, nor is there any evidence of mental disturbance. In rabies the posture is changed from time to time, and there is wandering and restlessness. The direction of the body is unaltered, the gait is loose and unsteady, and paralysis sooner or later ensues. There is frequent snapping at real or imaginary objects, and often a resolute destructiveness. Dysorexia is strongly marked. Hawking, vomiting, and other signs of pharyngeal irritation are invariably present, and frequently during the attack a shrill howl is heard, which is followed by a suppressed croaking bark. In dumb madness the depending lower jaw and inability to close the mouth contrast strongly with the closed condition of the mouth in tetanus.

With regard to the effects of local treatment it is much to be regretted, on the part of the public, and equally so on the part of the Government, that after the loss of so many lives, such ruin of homes, and destitution, any doubt should be allowed to exist in respect to its advantages. For years past this country has been overrun with truant and useless cure, and human life has thus been sacrificed to a neglect of Governmental duty and to morbid sentiment. It is not too much to say that a solution of the question is quite within the reach of experimental inquiry. The inoculation of a comparatively few dogs, and the removal or cauterisation of the bitten part at different intervals after the operation would dispose of all doubt in this matter, and probably settle at once the question as to the period which elapses between the infliction of the wound and the absorption of the virus. It may possibly be objected that the extirpation and cauterisation of the inoculated part in the dog would afford little information as to the effect of the same operations on man; but the most that can be claimed for such an objection is that it is obstructive, and should not, therefore, be interposed. I will here place on record an instance where the application of caustic to the bitten part appears to have had the effect of destroying the poison. The attendant in the dog infirmary at the Royal Veterinary College was bitten by a rabid dog eighteen months ago, and a wound the size of a shilling was inflicted on the fleshy part of the cheek. Ten minutes afterwards it was freely cauterised with nitrate of silver, and up to the present time the man has continued in perfect health.

I am, yours truly,

J. WORTLEY AXE,

Professor of Pathology and Morbid Anatomy.

Royal Veterinary College, Nov. 30th, 1877.

## THE CLIMATE OF VICTORIA (AUSTRALIA) FOR PHTHISIS.

*To the Editor of* THE LANCET.

SIR,—It would, perhaps, have been well if the writer of the remarks on the climate of Victoria, in THE LANCET of Aug. 18th last, in adducing his own case in proof, had given particulars of his illness; whether, for instance, he had had any symptom of phthisis beyond once expectorating half-a-pint of blood, for then could we have formed an opinion of the extent of the curative value of his change of residence and mode of life, as well as of the element of climatic influence. The effect produced by the latter would appear to have been sudden; and, even if alone due to climatic influence, as the tenor of the letter implies, it would not follow that equally quick and effective results should attend others affected by phthisis with more marked symptoms. However extended the study of climatology may have been to lead to so prompt a conclusion after a few months' observation of a particular locality, there is at least one defect apparent in the method of statement that ought to be brought under notice. In comparing Melbourne with Victoria, or both with England or Scotland, total populations are taken without analysis of ages, &c. Now, phthisis being a malady most incident to particular ages, if one community consist of a very large proportion of young children under phthisical ages as compared with the other, the elements of fairly calculating or comparing are at once disturbed, and every conclusion vitiated. The writer would appear unaware of the fact that at the last census of 1871 there were in Victoria, in a total population of about 800,000, 49,000 fewer between twenty and thirty-five years of age than at the former census. Before the fact was ascertained the apparent decrease in deaths from phthisis attracted attention; but I told people to wait for an explanation, that in due time came with the revelation of the census tables. As long as facts of this kind are ignored, all argument must be inconsequential.

Yours, &c.,

South Yarra, Nov. 1st, 1877. WILLIAM THOMSON.

## THE ASPIRATOR.

*To the Editor of* THE LANCET.

SIR,—I often see this instrument alluded to in THE LANCET. From the description given to me I presume it is the same instrument I wrote to Professor Simpson (of Edinburgh) about, sixteen or seventeen years since. If it is I

will give the history of it. When my brother-in-law, Col. B——, came home from India he informed me he had seen the natives thrust pins into their liver—several of these pins at a time. This seemed extraordinary, as, he said, they produced no inflammation. I invented an instrument, consisting of a hollow needle with a small india-rubber ball to one end. It was intended to force the air out of the ball, and then thrust the needle into the bladder, or any internal organ, from which a fluid was to be extracted. Several of these were to be used at once in the same manner as the Indians used the needles above mentioned. When the balls had sucked themselves full, the fluid was to have been removed. I left this to the Professor to manage in any way he liked. My description and my ideas on the utility of this instrument occupied three pages of foolscap. When I was in Paris, about four years since, Dr. McNavin was talking about Simpson's life, and said there were a good many letters from his friends. I said to him, "Did you read my letter on an instrument now called 'the aspirator'?" He said, "There is no letter of yours." We thought it rather odd, as it was rather an important communication. On my return to England I wrote to his eldest son, and asked him to search his father's papers for my letter. It was a large letter, and could not well escape observation. After a week he wrote me that the letter could not be found. As Professor Simpson had been very polite to me while in Edinburgh, and had shown me some attention, as well as some of his inventions, I wished to make him some return. I consider this an Indian invention. I merely applied it. As I have invented many things in my time, having, at one time, seven or eight patents, which I eventually gave to the public, I did not care anything for this simple apparatus. My description of it may amuse your readers.

I am, Sir, your obedient servant,

Dec. 1877. N.

## REPORTED PREVALENCE OF OPHTHALMIA.

*To the Editor of* THE LANCET.

SIR,—In your issue of this week you report an outbreak of ophthalmia at the St. Pancras Industrial Schools, Leavesden, Watford, Herts. As medical officer, I must give the report a positive contradiction.

I am, Sir, yours truly,

ALFRED RUDYARD, M.D. and Surgeon.

St. Alban's-road, Watford, Herts, Dec. 24th, 1877.

# Obituary.

## HENRY RUNCORN, M.R.C.S.

IT is not often that we have to notice the removal by death of a resident medical officer, who has been attached continuously to the same hospital for so long a period as thirty-six years. Mr. Henry Runcorn, of St. Mary's Hospital, Manchester, was born in that city in the year 1812, his father being at the time a partner in a well-known and highly-respected Manchester firm. After receiving a good classical and mathematical education at the Manchester Grammar School, Mr. Runcorn was apprenticed to the late Mr. Thomas Turner, then surgeon to the Manchester Royal Infirmary. His connexion with St. Mary's Hospital, which was destined to last to the end of his life, commenced in the year 1841, when he was appointed house-apothecary. On the removal of the hospital in 1856 from South-parade to its present site in Quay-street, it was found necessary to increase the resident staff, and Mr. Runcorn was appointed chief resident medical officer, with charge of in-patients, and the title of house-surgeon. The maternity department of the hospital is conducted by means of a large staff of midwives. Until a few years ago, it was the duty of the honorary surgeons to assist the midwives in all cases of tedious or difficult labour occurring in their respective districts. It was decided, about the time alluded to, to transfer this responsible duty to a resident officer, who should be called the obstetric surgeon, and who should summon the honorary surgeons only in the more serious cases. Mr. Runcorn had already acquired a very large experience in difficult midwifery from having been frequently called upon to act in the absence of the honorary staff, and the board of management appointed him the first resident obstetric surgeon, allowing him at the same time to retain the post of house-surgeon, with its separate emolument. This arrangement proved highly satisfactory, and has been continued from that time.

Mr. Runcorn was suddenly seized on November 24th with alarming symptoms, the precursors of an attack of acute pneumonia of great intensity. He died early on the morning of the 28th ult., the fifth day of the disease, in his sixty-sixth year.

Constitutionally of a very modest and retiring disposition, Mr. Runcorn probably acted wisely in declining to compete for private practice. His peculiar qualities, however, rendered him a most valuable officer at St. Mary's Hospital, and one whom the Board will find it exceedingly difficult to replace. He was always to be relied upon for the punctual and cheerful performance of whatever duties were assigned to him, while at the same time he greatly endeared himself to the suffering poor, amongst whom his work lay, by his uniform kindness and gentleness of manner, and by a temper so well under control that no annoyance or sudden stress of work was ever known to ruffle it.

He was attended during his illness by his friends, Dr. Lloyd Roberts, Mr. Cullingworth, and Mr. Folkes.

## JOSEPH ROBERT BAYLIS, M.R.C.S.

WE have to announce the death, at the advanced age of eighty-four, of Joseph Robert Baylis, Esq., which occurred at the residence of his son, Mr. Whitmore Baylis, F.R.S.L., the Waterfall House, Lower Tooting, Surrey, on the 25th November, after an illness of only two days.

Mr. Baylis's diplomas for the Hall and College bear date as long back as 1819 and 1825. He was, therefore, one of the few remaining veteran members of our profession living, and formerly practised in the city of Gloucester, but retired comparatively early in life from his profession. Mr. Baylis was a pupil of Abernethy, with the late Mr. F. C. Skey, F.R.S., and his College diploma is certified by the signature of the never-to-be-forgotten John Hunter, and other great contemporary surgeons. The late Mr. Baylis, when studying for his degree in a Gloucestershire village, was a successor of Dr. Jenner, who, when a pupil, had formerly occupied the same rooms. Mr. Baylis was an elder and only brother of the late Mr. Thomas Baylis, the well-known antiquarian (himself also a member of our profession), who died about two years since, and many of whose works of art have now places in the royal and national collections.

## JOHN LINDLEY, M.R.C.S.

WE regret to hear of the death of Mr. John Lindley, M.R.C.S., of Derby, one of the oldest practitioners in the town. Mr. Lindley was born in 1812, and studied at Edinburgh, London, and Paris. In 1833 he became a L.S.A., and in the following year obtained the Membership of the College of Surgeons, after which he commenced the practice of his profession at Derby, and with much success. In 1856 failing health compelled him to go to the South of France. Returning, after a sojourn of three years, in greatly improved health, he resumed practice, which he relinquished only in the early part of the present year. Mr. Lindley's loss is keenly felt by a large circle of friends and patients in his native town, to whom he had endeared himself by his sterling worth and qualities. Few men in private practice have done more operative surgery, and left so many good results, his success in the various forms of talipes being especially great. The subject of our brief memoir was interred in the new cemetery, Derby, on the 7th November last.

## W. HANDSELL GRIFFITHS, L.R.C.P., PH.D. GÖTT.

THIS gentleman died from typhoid fever, at his residence, Fitzwilliam-street, Dublin, on the 16th ult., at the early age of thirty-one. He was assistant librarian at the Royal College of Surgeons in Ireland, and a lecturer on Chemistry

at the Ledwich School of Medicine. Dr. Griffiths was a gentleman of most amiable disposition, and his sudden death has been much regretted. The deceased was a Corresponding Member of the Therapeutical Society of Paris, and was the author of "Notes on the Pharmacopœial Preparations," "Posological Tables," "Chemistry in its relation to Therapeutics," &c.; he also edited the Monthly Reports on the Progress of Therapeutics for the *Edinburgh Medical Journal*.

# Medical News.

UNIVERSITY OF DURHAM. — The following gentlemen passed the First Professional Examination for the degree of M.B. held Dec. 17th, 18th, 19th, and 20th:—

Lowes, S., University of Durham College of Medicine.
Mahony, L. F., M.R.C.S., L.S.A., London Hospital.
Price, H. E., B.Sc. Lond., M.R.C.S., L.S.A., London Hospital.
Robinson, A. H., M.R.C.S., L.S.A., University College.
Rygate, B., M.R.C.S., L.S.A., London Hospital.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine and received certificates to practise on Dec. 20th:—

Ashworth, John Wallwork, Heaton Manor, Stockport.
Cawley, Thomas, Glenely, South Australia.
Clowes, Joseph Smith, Metropolitan Free Hospital.
Gaze, William Henry, Thames Ditton.
Hetherington, George Haynes, Female Lock Hospital.
Meacham, John James, Harpenhey, Manchester.
Reid, William Gladstone, Grove-road, Acton.
Wartenberg, Victor Adolph, Lytham, Lancashire.

The following gentlemen also passed the Primary Professional Examination:—

Charles Henry Haycroft and Frederick Hitch, Guy's Hospital; Donald Sinclair Casterton, Westminster Hospital; Stephen Thomas Phillips and William Robert Culling, Charing-cross Hospital; James Darner Priest, William Gilchrist Barnie, and John Speare Lambert, St. Bartholomew's Hospital; Edward John H. Hoskyns, Queen's Hospital, Birmingham.

ROYAL COLLEGE OF SURGEONS IN IRELAND. — At the December examinations the following gentlemen obtained the licence in Surgery of the College:—

Henry Armstrong, John Henry Armstrong, Alfred Asbury, St. George Ashe, Thomas William Beale, Samuel Beamish, James Michael Bourke, John Carmichael, Christopher Henry Cochran, Wm. Rogers Connolly, John Dillon, John Johnston Egan, Thomas English, Patrick Hallon Fox, Francis Thomas Henston, Andrew John Hone, Denis M'Donnell, John Joseph Nicholson, Henry Michael O'Hara, Thos. Edward O'Kelly, Alexander Pentland, Frederick Roberts, Frederick Ogilby Ross, Peter Ryan, Thomas Ryan, Simon Davenport Sproulle, Geo. Spotton, Terence Humphrey Sweeny, Charles Highgate Tench, Alfred Vavasour Lane, Arthur Henry Wall, John Joseph Walsh, John Walton, George Westby, John Woods.

UNIVERSITY OF DUBLIN. — The following degrees were conferred on the 19th inst.:—

BACHELOR IN MEDICINE. — Brabazon Newcomen Casement, John Duke Fausett, Thomas Frederick Fogarty, Clemens Mallins, Joseph Francis O'Donnell, Blacker Castle Powell, Roger Wetherall Taylor, Robert Norman Thompson, Edward William Wood White, John Fitzhenry Woodroofe.
BACHELOR IN SURGERY. — Joseph Francis O'Donnell, John Fitzhenry Woodroofe.
MASTER IN SURGERY.—Arthur Annesly West.
DOCTOR IN MEDICINE.—John Duke Fausett, Lambert H. Ormsby, Wm. Henry White.

THE CHELTENHAM GENERAL HOSPITAL is to be altered and enlarged at an expenditure of £8000, to meet which a strong appeal has been made for donations and increased subscriptions.

HOSPITAL FOR INCURABLES, CORK.—A Home on a limited scale was founded about five years since, but the accommodation proving insufficient, the establishment of a new hospital has been found necessary. A sum of £1800 has been already contributed towards the building fund of the hospital, which when completed will supply a want long felt for an institution of this kind.

THE WARNEFORD HOSPITAL, LEAMINGTON.—The committee of management have made "an appeal to the charity of the general public, to prevent any curtailment of the benefits of this valuable institution," in consequence of a deficiency of £600 in this year's income. They state that the number of in-patients has increased nearly fifty per cent. during the last ten years, and the subscriptions only twenty-five.

# Medical Appointments.

ALLAN, J., M.B., C.M., M.A., has been appointed Senior House-Surgeon to the Liverpool Northern Hospital, vice Craigmile, resigned.
ARMSTRONG, G. R., L.K.Q.C.P.I., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the No. 5 or Ashley District of the Drayton Union, vice Stewart, resigned.
BALLANTYNE, A., M.D., F.R.C.P.Ed., L.R.C.S.Ed., has been appointed Physician to the General Hospital and Dispensary for Sick Children, Manchester, vice Borchardt, resigned, at £500 per annum.
BURNESS, J., M.D., L.F.P.S.G., has been appointed Medical Officer and Public Vaccinator for the Parishes of Lochgoilhead and Kilmorich, vice McKay, resigned.
HAMERTON, M. F., M.B., C.M., has been appointed Medical Officer for No. 4 District of the Mansfield Union, vice Harding, resigned.
LAWLOR, J. S., M.D., C.M., has been appointed Medical Attendant to the Royal Irish Constabulary, Tallaght, co. Dublin, vice Seward, deceased.
MASSEY, D. C., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Medical Attendant to the Royal Irish Constabulary, Tubbercurry, co. Sligo, vice White, resigned.
MILLS, R. J., M.B., C.M., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer to the Norwich Police Force, vice Mercier, resigned.
POLLARD, W. R., L.R.C.P.Ed., L.R.C.S.I., has been reappointed Medical Officer of Health for the Blackburn Rural Sanitary District until Nov. 2nd, 1878, at £30 per annum.
POYNDER, G. F., L.R.C.P.L., M.R.C.S.E., has been appointed House-Surgeon to the Royal Portsmouth, Portsea, and Gosport Hospital, vice Hollis, resigned.
RAPER, W. A., M.D., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer and Public Vaccinator for the Wakering district of the Rochford Union, Essex, vice Willing, resigned.
SHADDEN, J., M.B., C.M., has been appointed Resident Medical Officer to the Pontefract General Dispensary, vice Wright, deceased.
STORY, J. B., M.B., C.M., has been appointed Junior Surgeon to St. Mark's Ophthalmic Hospital, Dublin.
THOMPSON, R., M.D., L.R.C.S.I., has been appointed Medical Officer to the Workhouse and Fever Hospital of the Urlingford Union, in the Counties of Kilkenny and Tipperary, vice Greene, deceased, at £60 per annum, and £10 per annum as Consulting Medical Officer of Health.
WACHER, F., M.R.C.S.E., L.S.A.L., has been appointed Certifying Factory Surgeon for the Canterbury District, vice Hutchings.
WALKER, W., M.R.C.S.E., L.S.A., of Redcar, has been appointed Surgeon to the Convalescent Home, Coulham, and Medical Officer of Health to the Kirkleatham Local Board.
WALTER, W., B.A., M.B., Senior Resident Surgeon to the Salford Royal Hospital, has been appointed Obstetric- and House-Surgeon to St. Mary's Hospital, Manchester, vice Runcorn, deceased.
WHISTLER, W. MacNeill, M.D., M.R.C.P., has been appointed Honorary Physician to the National Training School for Music.
YOUNG, R., M.R.C.S.E., has been appointed Acting Surgeon to the First Newcastle Artillery Volunteers.

# Births, Marriages, and Deaths.

## BIRTHS.

BARTLETT.—On the 19th inst., at Sydney-place, Onslow-square, the wife of James Prime Bartlett, M.R.C.S.E., of a daughter.
HALL.—On the 18th inst., at Victoria-road, Surbiton, the wife of Edgar A. Hall, M.B., of a daughter.
POWELL.—On the 18th inst., at Henrietta-street, Cavendish-square, the wife of Richard Douglas Powell, M.D., of a daughter.
PULLAR.—On the 17th inst., at Pembridge-place, the wife of Alfred Pullar, M.D., of a daughter.
WALLACE.—On the 26th inst., at Hackney-road, the wife of Frederick Wallace, L.R.C.P.L., of a daughter.

## MARRIAGES.

BAIRD—DOW.—On the 21st inst., at Balmanno Castle, Perthshire, Alexander Baird, M.B., to Isabella Mary, daughter of David Dow, Esq.
ROWE—GRANT.—On the 20th inst., at Alford, N.B., Thomas Henry Rowe, M.R.C.S.E., to Katharine Anne, daughter of D. R. L. Grant, Esq.

## DEATHS.

BUTTER.—On the 24th inst., at Hazlewood, Upper Norwood, Donald Butter, M.D., Inspector-General of Hospitals, Bengal Service, Retired List, aged 78.
CHALMERS.—On the 15th inst., of general paralysis, William C. Chalmers, M.D., aged 40.
DAVIES.—On the 19th inst., at Llanidloes, William Abel Davies, M.R.C.S.E., aged 45.
KELLY.—On the 9th October, at Adelaide, South Australia, Alexander C. Kelly, M.D., aged 66.
WHARTON.—On the 21st inst., at Bedford, George Wharton, M.D.

[N.B.—*A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths.*]

## BOOKS ETC. RECEIVED.

Year-book of Pharmacy and Transactions of the British Pharmaceutical Conference. 1877.
G. L. Harrison: Chapters on Social Science.
Dr. Pooley on Gastrotomy and Gastrostomy.
Dr. R. P. Howard: Two Cases of Stenosis of the Tricuspid Orifice.
Dr. P. Topinard: Anthropology.

## LIST OF CONTRIBUTORS FOR 1878.

THE following names are those of well-known members of the profession who, among others, have intimated their intention of contributing to THE LANCET during the year 1878:

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# Notes, Short Comments, and Answers to Correspondents.

### MORTALITY IN THE ITALIAN ARMY.

CAPTAIN GIUSEPPE SORMANI, who is also a duly qualified physician, has published in the "Annali del Ministero dell' Agricoltura" (1877, second half-year) some very interesting details on the sanitary statistics and medical geography of the Italian army. From 1870 to 1875 the death-rate exhibited a slow but steady increase, rising from 10·16 to 13·27 per 1000—that is, 3·11 in excess. Fortunately, however, in the following year, 1875-6, a diminution is apparent. As for the producing causes of the above deplorable mortality, as compared with that in other nations, they are mainly attributable to the recruiting system, the nature of the service, and the so-called reforms introduced into the army. Certain causes are general, such as "the removal of the soldiers from the climate to which they are habituated, and from the circle of their personal acquaintances, instead of incorporating them by regions, which last measure, it is true, would not be without inconvenience." Others are special, and with a little zeal on the part of the Government they might be eliminated. Among them are, for example, the facility with which men, far from robust, are declared fit for the ranks; the very careless selection of military quarters, which, as a rule, are favourable neither to the health, to the discipline, to the good order, nor to the instruction of the soldier. And last of all comes the food, which in point of sustaining power rather than quantity leaves very much to be desired.

*Mr. Bognet.*—We cannot recommend a practitioner.

### INTERNAL URETHROTOMY.

*To the Editor of* THE LANCET.

SIR,—I trust the two following cases may be read with interest, now that the subject is brought before the profession, and that Mr. Teevan will not consider I have risked his modification of M. Maisonneuve's operation by any "indiscriminate performance." I have only to add that no anæsthetic was administered, nor did the amount of pain given seem to justify it in any future case.

CASE 1.—J. N——, aged fifty-three, tailor, married, has a family. Has had three or four attacks of gonorrhœa as long ago as twenty-five years. Noticed a difficulty in passing his urine about 1867. In November, 1869, he fell down and broke his left femur in the upper and lower thirds, and remained in Middlesex Hospital till July, 1870, since which time his urine has dribbled away from him more or less. He believed this state of things to be part and parcel of his accident, which crippled his lower extremities. The last year or two he has not been able to keep himself dry night or day, in spite of every effort on the part of his wife, who has been a hospital nurse, and evidently up to her work.

On August 26th, 1877, I found him with the inner side of his thighs, penis, scrotum, and, more especially, the glans penis, badly excoriated. His prostate was enlarged, and his urethra unmistakably gristly. The following day, after much trouble, I passed a No. 1 French bougie, and for three weeks tried to dilate his penile stricture, but could not get beyond a No. 4 French

on account of constitutional disturbance. During this time I daily drew off as much of his very viscid urine as I could with such small instruments, and prescribed the nitro-hydrochloric acid, well diluted. His health and affairs becoming critical, I performed the Teevan-Maisonneuve operation on Sept. 17th, which has already been described in your journal, a No. 24 bougie à ventre being used at the time. No bad symptom occurred, and five days afterwards he was able to hold his urine, or, in other words, as soon as a catheter could be regularly passed and his bladder emptied, this not having been accomplished before the operation on account of the smallness of the catheters and the viscidity of his urine, and not sooner afterwards because, according to Mr. Teevan, no instrument should be used till the third day. He now draws his urine off, is watertight, and follows his occupation.

CASE 2.—G. K——, aged thirty, glass-packer, married, has a family. In 1865 he contracted gonorrhœa, which went on to a gleet, and caused a difficulty in micturition in 1867. Two perineal abscesses were the result, which broke, giving much relief, and allowing the urine to pass by the urethra and through the resulting fistulæ. These latter healed, and things went on till 1868, when he went through the same suffering, with more severe symptoms. Urine again escaped both ways, and the fistulæ were longer healing. The stricture continued to get worse, and on September 20th, 1877, I first saw him. He had retention for the first time, impassable stricture, and abscesses again forming in his brawny perineum. He was feverish and anxious. Prescribed a warm bath and a grain of opium. Some urine escaped in the bath, and I was able to pass a No. 1 French during the evening. In the night some more urine dribbled away from him.

Sept. 21st.—Passed a No. 2, and tied it in, which brought on a rigor, the first he had ever had. The state of the perineum decided me to "remove the cause," as I felt convinced that should fistulæ re-form, it would be long ere they could be cured.

22nd.—Performed the Teevan-Maisonneuve operation with the best results, no bad symptoms occurring. Passed a No. 26 bougie à ventre at the time.

24th.—Opened a small perineal abscess, about a drachm of healthy pus escaping; no urine.

I had great difficulty in persuading this patient to remain in bed so early as the 27th; and on October 1st he was at work, although against my consent, but had no reason to regret his impetuosity.

I am, Sir, your obedient servant,

St. George's and St. James's Dispensary, King-street, Regent-street, Dec. 1877. W. TICKLE WHITMORE.

### POISONOUS WALL-PAPERS.

A LECTURE on "Poisonous Wall-papers" was delivered a short time back before the Manchester Chemists and Druggists' Association by Mr. L. Siebold. The lecturer stated that out of sixty or seventy papers of various colours, blue, red, brown, pink, &c., analysed by him, ten only were harmless, the rest containing arsenic. There is a popular impression that green papers only are to be feared; but the result of Mr. Siebold's examination should have the effect of rendering householders and heads of families suspicious of some of the most innocent-looking colours. It is reasonable to assume that to the presence of deleterious ingredients contained in certain wall-papers may be ascribed many little illnesses of children where no apparent cause exists for the same, and which sometimes puzzle the medical attendant.

*Utter Despair* is apparently the victim of irrational despondency. Let him consult a respectable practitioner, with full confidence in the hope of recovery.

*Mr. Gorham.*—We do not find any paper, answering the description given, in our possession.

*Hibernia.*—Consult a registered practitioner.

COMMUNICATIONS not noticed in the current number shall receive attention in our issue of the ensuing week.

COMMUNICATIONS, LETTERS, &c., have been received from — Dr. G. Hewitt, London; Mr. Mather, London; Mr. Dennis, Brussels; Mr. Thomas, Birmingham; Mr. Whittle, Brighton; Dr. Laffan, Cashel; Mr. Cleaver, Croydon; Mr. Cummins, Cork; Dr. Pinkerton, Bombay; Mr. Rutherford; Mr. Hall, Liverpool; Dr. Naylor, Tasmania; Mr. Rice; Dr. Armstrong, Newcastle-on-Tyne; Mr. Walker, Redcar; Dr. Routh; Dr. Glazier; Dr. Pocock, Hobart Town; Mr. Murrell; Dr. Harris; Mr. Tallack; Mr. Reeves; Dr. Edis; Dr. Whistler; Dr. Brunswell; Dr. Patrick; Mr. Davis, Boston, U.S.; Dr. Rudyard, Watford; Dr. Watson, Glasgow; Dr. Duncan; Dr. Illingworth, Peterborough; Dr. MacCormac, Belfast; Messrs. Raoul, Piotet, and Co., Paris; Mr. Patrickson, St. Heliers; Mr. Young, Newcastle-on-Tyne; Dr. Allen, Great Grimsby; Dr. Blyth; Dr. Scatliff, Brighton; Dr. Long, Granton; Mr. Thomson; Dr. Walker, Manchester; Dr. Groshols, Aberdovey; Mr. Sawyer, Birmingham; Dr. Jay, Nantwich; Mr. Berry, Wigan; Dr. Muter; Mr. Allen; Flaneur; A Subscriber; The Secretary of the Pathological Society of Dublin; M.D., Norfolk; Lex; Surgeon; The Secretary of the Surgical Society of Ireland; C. D. E.; The Secretary of the Royal Institution; L.R.C.S.E.; M. R.; &c. &c.

LETTERS, *each with enclosures*, are also acknowledged from — Dr. Randle, Bedford; Mr. Bright; Dr. Millman, Ontario; Mr. Dawson; Mr. Cutler; Mr. Hartley; Messrs. Beaman and Co.; Dr. Fox, Topsham; Mr. Baker; Dr. Paolo, Bene, Italy; Mr. Elliott, Carlisle; Mr. Stilliard, Birmingham; Mr. Arnison, Allendale; Mr. Grimshaw; M. B.; T.; F. W.; B., Oldham; P. J. P., Monmouth; T. R., Oxford; Surgeon, Weymouth; A. Z. L.; L. L.; Medical.

*Argus, Daily Express, Morning Mail, North British Daily Mail, Hornet, Principality, Bury and Norwich Post, Nantwich Guardian, Cork Constitution, Sheffield and Rotherham Independent, Newcastle Daily Chronicle, Sunday Times*, &c., have been received.

# Medical Diary for the ensuing Week.

### Monday, Dec. 31.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M. each day, and at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day, and at the same hour.
ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

### Tuesday, Jan. 1.

GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Heat, Visible and Invisible." (Juvenile Lectures.)

### Wednesday, Jan. 2.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at the same hour.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.
OBSTETRICAL SOCIETY OF LONDON.—8 P.M. Specimens.—Annual Meeting: President's Address.
ROYAL MICROSCOPICAL SOCIETY.—8 P.M.

### Thursday, Jan. 3.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 4 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and on Friday at the same hour.
ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Heat, Visible and Invisible." (Juvenile Lectures.)
HARVEIAN SOCIETY.—8 P.M. Annual General Meeting.—9 P.M. Conversazione.

### Friday, Jan. 4.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
PATHOLOGICAL SOCIETY OF LONDON.—8½ P.M. Annual Meeting for Election of Officers.—The following Specimens will be shown: Urine from a Case of Phosphatic Diabetes; Gangrene of the Lung in a Case of Lead-poisoning; Dermoid Cysts growing along line of Branchial Fissures; Case of Paralysis Agitans; Symmetrical Sarcoma of Ossa Ilia, with Hyperostosis of Cranium; Diaphragmatic Hernia; Mollities Ossium, with Myeloid Sarcoma; Cases of Aneurism of Cerebral Arteries; Aneurism of Brachial Artery probably due to Embolism; Heart and Aorta, sequel to Case of Rupture of Aortic Valves; Prostatic Tumours removed during Lithotomy; Impacted Fracture of the Shaft of the Femur.

### Saturday, Jan. 5.

ROYAL FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Heat, Visible and Invisible." (Juvenile Lectures.)


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